

462

8 - AUG 1958

Supplento

CITY OF SHEFFIELD
EDUCATION COMMITTEE



SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

MARION C. TAYLOR, M.B., CH.B., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1957

[FIFTIETH YEAR]

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

MARION C. TAYLOR, M.B., CH.B., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1957

[FIFTIETH YEAR]



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30081191>

INDEX

	PAGE		PAGE
After Care	72	Infectious Diseases	60-63
Audiology	8-9, 30-33	Influenza	61
Aural Treatment, see "Ear, Nose and Throat"		Inspection Clinics	6, 11, 12, 23-25
Blind Pupils	65, 66, 70	King Edward VII Orthopædic Hospital	44
Blind School Management Committee	4	Maladjusted Children	71
Cerebral Palsy	69	Measles	61
Chest Clinic, see "Tuberculosis"		Medical Examinations in Schools	6
Child Guidance Treatment ..	6, 12, 54-56	Medical Inspection Returns ..	75-83
Child Welfare Sub-Committee	4	Milk in Schools	22
Chiropody	6, 12, 44	Minor Ailments Clinics 6, 11, 12, 23-25	
Cleanliness (Head and Body)	8, 23, 57-60	Miscellaneous Work	74
Clinics	6, 7, 11, 12, 23-25	National Health Service, Co-operation with	13
Clothing and Footwear	59	Nursery Schools and Classes	64
Co-operation with Parents, Teachers, etc., and National Health Service	13-14	Nutrition	7, 17
Cost of School Health Service	84	Ophthalmic Treatment	6, 12, 27-28
Deaf and Partially Deaf Pupils 8, 14, 30-33, 65-70		Orthopædic Treatment 6, 12, 14, 24-25, 43-44	
Delicate Pupils	65, 70, 73	Orthoptic Treatment	6, 12, 28
Dental Treatment	6, 8, 11, 12, 35-42	Parents, Co-operation with ..	14
Diabetes	69	Partially Sighted Pupils ..	65, 66
Diphtheria and Immunization	6, 12, 60, 62	Periodic Health Inspections ..	6, 15
Ear, Nose and Throat 6, 12, 14, 24-25, 29-33, 57		Physical Education	63, 85-96
Education Welfare Officers, Co-operation with	14	Physically Handicapped Pupils 65, 71, 73	
Educationally Sub-Normal Pupils	10, 65, 67-69, 71, 73	Poliomyelitis	61
Employment obtained by Special School Leavers	73	Remand Homes	74
Epileptic Pupils	14, 71	Residential Special Schools ..	70-71
Eyes	6, 12, 14, 24-25, 26-28, 57	Rheumatism and Heart Diseases, see "Heart Diseases"	
Fairthorn Convalescent Home ..	14	School Meals	22
Financial Statement	84	School Nursing	6, 57
Further Education for Handicapped Pupils	73	Skin Diseases	24-25, 26
General Condition of Children	15-17	Special Examinations	74
General Practitioners, Co-operation with	13	Speech (Therapy and Defects) 6, 12, 24-25, 34-35	
General Information	6	Staff	4-5, 13
German Measles	61	Statistical Tables	75-83
Handicapped Pupils	65-73	Summary of Work	6
Health Education	74	Teachers, Co-operation with ..	14
Heart Diseases and Rheuma- tism	6, 12, 14, 24-25, 45	Tuberculosis	45-54
Heights & Weights	7, 17-21, 57, 64	Vaccination (B.C.G.)	47-54
Home Tuition	70	do. (Poliomyelitis)	62
Home Visits	7, 57	Vision, see "Eyes"	
Hygiene of School Buildings	23	Weights, see "Heights and Weights"	

CHILD WELFARE SUB-COMMITTEE

Ald. J. F. WILLIAMS (Chairman).

Coun. L. COPE (Deputy Chairman).

Mrs. B. BUCHANAN, J.P.
Rev. F. DUCKWORTH, M.A.
Mr. A. W. FISHBURN.
Coun. Mrs. F. M. GATHERCOLE.
Mr. W. J. W. GLOSSOP.
Coun. The Reverend A. GREEN.
Coun. P. C. J. T. KIRKMAN.
Coun. A. S. LONGMORE.

Coun. M. J. SEWELL, M.P.S., J.P.
Ald. A. SMITH.
Mr. T. DRURY SMITH, M.C., J.P.
Mrs. C. SUMNER, B.Sc., J.P.
Coun. E. TINDALL.
Ald. P. J. M. TURNER, J.P.
Coun. J. S. WORRALL.

SHEFFIELD BLIND SCHOOL MANAGEMENT COMMITTEE.

Ald. J. F. WILLIAMS (Chairman).

Coun. L. COPE (Deputy Chairman).

*Mr. N. BODDY.
Mrs. B. BUCHANAN, J.P.
Mr. W. J. W. GLOSSOP.
Coun. The Reverend A. GREEN.
*Mr. R. HARGREAVES, M.A., LL.B.

Coun. M. J. SEWELL, M.P.S., J.P.
Mr. T. DRURY SMITH, M.C., J.P.
Coun. E. TINDALL.
Ald. P. J. M. TURNER, J.P.

* Co-opted members who were previously Governors of the School.
Director of Education—STANLEY MOFFETT, M.C., M.A.

STAFF

Principal School Medical Officer.

MARION C. TAYLOR, M.B., Ch.B., D.P.H.

School Medical Officers.

JAMES GREER, L.R.C.P. (I.), L.R.C.S. (I.).	ELSIE G. M. OATES, M.D., M.R.C.S., L.R.C.P.
*CHARLES O. GREER, B.A., M.B., B.Ch., B.A.O.	DAVIDA M. PILKINGTON, M.R.C.S., L.R.C.P.
JAMES D. HALL, M.R.C.S., L.R.C.P.	ETHEL SKERRITT, M.D., M.R.C.S., L.R.C.P., D.P.H.
KATHERINE S. P. HILL, M.B., B.Ch., B.A.O.(B.A.)	ETHNE M. SWALLOW, B.A., M.B., B.Ch.
WILLIAM D. A. KING, M.B., Ch.B.	MARY B. VINCENT, M.B., B.Ch., B.A.O.,
DORIS E. MORTON, B.A., M.B., B.Ch., B.A.O., L.M.	C.P.H.

Specialist Officers.

Ophthalmic Section	†*MALCOLM FERGUSON, M.B., B.S., D.O.M.S.
Aural Section	†*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.
Orthopaedic Section	†*FRANK W. HOLDSWORTH, M.A., M.Chir., F.R.C.S.
	†*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.
	†*SIDNEY PAPPWORTH, M.B., Ch.B., M.Ch.
Rheumatism and Heart	†*JOHN LORBER, M.D., M.R.C.P.
Orthodontic Section	*(Vacancy).

Principal School Dental Officer.

EDGAR COPESTAKE, L.D.S.

School Dental Officers.

AIDAN C. BLOOMFIELD, L.D.S.	NEVILLE J. HAWLEY, B.D.S., L.D.S.
ALBERT E. CLARKE, L.D.S.	*Mrs. CYNTHIA REDFEARN, L.D.S.
*JOHN M. COTTON, B.D.S., L.D.S.	EDMUND A. REEVE, L.D.S.R.C.S.
ALFRED E. GISBURN, L.D.S.	MICHAEL REYNOLDS, B.D.S.
EDITH M. HAGUE, L.D.S.	AGNES M. THOSEBY, L.D.S.

(Three vacancies for School Dental Officers).

Dental Anæsthetist.

*IAN ASHFORTH, M.B., Ch.B.

School Nursing Sisters.

ELSIE DENT (Chief School Nursing Sister).

PHYLLIS M. ARTHUR.	Mrs. MARGARET MacDOUGALL.
Mrs. OLIVE M. ASHTON.	Mrs. VALERIE A. MELVILLE.
Mrs. MARJORIE BARNSLEY.	Mrs. EVELYN NOBLE.
Mrs. ELIZABETH BATES.	Mrs. MARGARET V. PARKER.
Mrs. GRACE E. BROWN.	RUTH POULES.
Mrs. ELSIE M. COX.	Mrs. MARY A. REID.
EDITH DONCASTER.	Mrs. GRACE RICHMOND.
Mrs. IVY HIBBERT.	AUDREY E. SALVIN.
MARGARET HILTON.	LUCY SCOTT.
CLARICE HOBSON.	Mrs. BEATRICE B. SPENCER.
Mrs. VERA C. M. JAMES.	HAZEL M. SPILSBURY.
Mrs. CONSTANCE E. JONES.	GRACE STANIFORTH.
HILARY M. JONES.	SYLVIA M. WILLIAMSON.
CONSTANCE M. LAMBERT.	RUTH WILMOT.
Mrs. JOYCE LEACH.	Mrs. ELSIE S. WOODWARD.
Mrs. LILIAN LIVERSIDGE.	

(Two vacancies for School Nursing Sisters).

Nursing Assistants.

Mrs. DOROTHY R. BAKER.
KATHLEEN I. BELL.
DOROTHY BURDEKIN.
WINIFRED CLEGG.
ENID CLOUGH.
Mrs. MARY CRAPPER.

ELIZABETH GILL.
BERYL N. JONES.
NORRIE A. SMITH.
ROSALIE V. SWEENEY.
Mrs. JOAN M. TURNER.
KATHLEEN E. WRIGHT.

(One vacancy for Nursing Assistant).

Dental Attendants.

JEAN SMITH BANBURY.
CONSTANCE V. BOWIE.
DOROTHY V. BROWN.
Mrs. OLGA V. HABERSHON.
WINIFRED M. McKENZIE.
CLARE E. MARLOW.

CLARA L. MARSDEN.
Mrs. FRANCES MORRIS.
BARBARA ROBINSON.
Mrs. AUDREY ROSS.
ELLEN TRUMAN.
PAMELA E. WILKINSON.

(One vacancy for Dental Attendant).

Oral Hygienist.

(Vacancy).

Dental Technicians.

CLIFFORD J. ATKIN (Senior).
LAURENCE C. BENNETT.
(Vacancy for Apprentice).

Senior Speech Therapist—ANNE A. COOPER, L.C.S.T.

Assistant Speech Therapists.

ANNE B. CHAPMAN, L.C.S.T.

SYLVIA LESS, L.C.S.T.

(One vacancy for Assistant Speech Therapist).

Chiropodist—*LEONARD ALDAM, M.Ch.S.

Physiotherapist—(Vacancy).

Officer for the Ascertainment of the Deaf—*Miss B. M. ELLIOTT.

After-Care Officer—WINIFRED STIRGESS.

Dispenser at Clinics—GEORGE WARRILOW.

Orthoptists.

†*Miss JOANNA BELSHER, D.B.O.

†*Mrs. JEAN DRAYCOTT, D.B.O. (T.).

†*Miss JENNIFER A. SMITH, D.B.O.

Clerical Staff.

WILLIAM F. HERN (Chief Clerk).

DONALD STANIFORTH, D.P.A. (Senior Clerk).

AUDREY H. ANDREW.
COLIN M. BARNETT.
JOYCE BENTON.
BETTY E. BLACKWELL.
PATRICIA BOULBY.
Mrs. CONSTANCE CLINTON.
FRANK CROOKES.
JEAN E. CUCKSON.
MARY DRIVER.
BARBARA DYSON.
JOAN FOX.
JUDITH C. FOX.
Mrs. DOROTHY K. GLAVES.
TREVOR GOUDE.
ELIZABETH HARRITY.
LESLEY HERON.

KATHLEEN HUTCHINSON.
DOREEN LUDLAM.
Mrs. DOROTHY MacDONALD.
DEREK MATTHEWMAN (H.M.F.).
FREDA NEEDHAM.
GWEN P. OWEN.
LILIAN SMITH.
JOAN M. SPARLING.
WILLIAM H. STARK (H.M.F.)
ALVAN J. SWIFT.
ANN M. THOMPSON.
Mrs. BRENDA J. WALSH.
EILEEN K. WALSH.
PAUL E. WALSHAW.
Mrs. SILVIA M. WILLIAMS.

CHILD GUIDANCE CENTRE.

Medical Director—THE PRINCIPAL SCHOOL MEDICAL OFFICER.

NOEL E. WHILDE, M.Sc., F.B.Ps.S.
(Educational Psychologist in charge).

RUTH J. M. GARDEN, M.A., Ed.B.
(Educational Psychologist).

PETER F. PORTWOOD, B.Sc., A.B.Ps.S.
(Educational Psychologist).

†*REGINALD WARNECKE, M.R.C.S., L.R.C.P.,
D.P.M. (Psychiatrist).

GRAHAM TWEDDLE, M.A.
(Educational Psychologist).

*Mrs. ROSE HOLMES.
(Psychiatric Social Worker).

(Vacancy for Psychotherapist).

BENTS GREEN SPECIAL SCHOOL FOR DELICATE CHILDREN.

KATHLEEN GRAYSON (Matron).

MURIEL M. HARTLEY.

(Resident Enrolled Assistant Nurse).

(Vacancy for Resident Assistant House Mother).

SHEFFIELD SCHOOL FOR BLIND CHILDREN.

JOYCE WILKINSON (Matron-Housekeeper).

MAUD MAXFIELD SCHOOL FOR THE DEAF.

Mrs. WINIFRED L. WOODLEY (Matron-Housekeeper).

* Part-time Officer.

† Appointment by arrangement with the Regional Hospital Board.

SCHOOL HEALTH SERVICE, CENTRAL CLINIC, 7, Leopold Street, Sheffield, 1. (Telephone 26341).

SUMMARY OF WORK, 1957

	Children	Attend- ances
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to Schools	1,843	
Periodic Health Inspection—		
Primary and Secondary Schools	19,096	
Special Inspections	729	
Nursery Schools and Classes	787	
Selected cases	599	
“ Following up ”	4,348	
Special cases	2,296	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection and Minor Ailments Clinics	16,983	34,396
OPHTHALMIC CLINIC—		
Examined by the Surgeon	4,554	5,877
Dressed by Nursing Sisters	1,441	5,228
Orthoptic treatment	492	1,932
AURAL CLINIC—		
Examined by the Surgeon	524	805
Dressed by Nursing Sisters	1,793	11,125
DENTAL CLINICS—		
Inspected at Schools	39,680	
Inspected at clinics	5,009	
Treated by School Dental Surgeons	14,235	29,308
ORTHOPÆDIC CLINIC—		
Examined by the Surgeons	433	567
RHEUMATISM AND HEART CLINIC—		
Examined by the Physician	130	154
CHILD GUIDANCE CENTRE	635	4,844
SPEECH THERAPY CLINIC	386	5,339
CHIROPODY CLINIC—		
Treated by the Chiropodist	618	1,356
IMMUNIZATION AGAINST DIPHTHERIA—		
At schools and clinics	3,498	4,912
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examinations of children in schools	263,290	
Visits to homes	2,207	
Minor dressings at clinics and schools	16,220	47,773
TOTAL ATTENDANCES OF CHILDREN AT SCHOOL CLINICS		153,616

CITY OF SHEFFIELD

GENERAL INFORMATION

Population (as estimated mid-1957)	498,500
Area	39,598 acres.
Density of Population	12·59 persons per acre.
Rateable Value	£5,451,277
Education Rate	86·79d.
Penny Rate produces	£22,771
Primary and Secondary Schools (including Nursery Schools)—	
Number of schools	159
Number of departments	221
Number on rolls	74,688
Special Schools—	
Number of schools	16
Number on rolls	1,313

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended 31st December, 1957.

The school medical officers are of the opinion that the high standard of health in the children has been maintained, and the results of the anthropometric examinations give support to this. In the last few years it has been evident that the period of remarkable acceleration of growth is coming to an end, and the average heights and weights for any particular age group are approximately the same from year to year. In the comparison made of the children from schools in varying types of districts, those in the poorer areas have now almost reached the same average height and weight as those in the better areas.

Excellent progress has been made in satisfactory clinic provision. Attercliffe Clinic was closed in August to allow its replacement by a new building, and for the interim period the medical work is continuing in a school in the vicinity. The new clinic will have two dental surgeries as well as medical rooms. Handsworth Clinic has been replaced by a new building with adequate accommodation for the needs of the children in this expanding district, and a similar clinic has been erected at Greenhill to serve the needs of the 4,000 children at the schools there ; a cheerful atmosphere is created by the pleasing colour schemes and children as well as parents have expressed appreciation. The building of an additional dental clinic in the grounds of Rowlinson School has been agreed, to serve the 5,000 children in the schools in the vicinity, and also the expectant and nursing mothers from the surrounding district. The replacement of Hillsborough medical and dental clinics by a modern building, and the provision of a new medical clinic in the Chaucer Road area, are under consideration. The accommodation for junior and senior educationally sub-normal boys has been greatly improved by the provision of the splendid new buildings in beautiful grounds at East Hill. In extracts from the reports of school medical officers the doctor comments on the effect these have had on the attitude of the parents of children notified to attend there. A residential and day school for children with cerebral palsy, and a day school for the physically handicapped, within the same ground so that certain facilities can be shared, are in the planning stage.

It is sad to relate that the teeth of the Sheffield children are not in a healthy state ; nor is it much comfort to know that the incidence of dental caries has never been so high in the country as a whole. The main cause of this lies with the modern diet with its high proportion of refined carbohydrates, and with the tendency to eat sweets and biscuits between meals. In his report the Principal School Dental Officer discusses this, and remarks on the apathy of most parents with regard to the care of teeth. This is demonstrated by the fact that of all the parents throughout the City offered dental treatment for their children, no less than 50 per cent. refused it. In a special survey in one school 80 per cent. of the parents would not allow their children's teeth to be filled by the dental officer ; and yet at a later inspection of the same children, out of the 323 for whom treatment was refused in the clinics, it was found that only 44 had received any treatment at all outside the school service. The time seems ripe for a health education campaign to try and induce parents to adopt in the homes a more simple and wholesome diet and to arouse an interest in regular dental treatment for children. Some people think that the æsthetic approach is the one that would have the greatest public appeal.

When the last annual report was received the Committee asked for more information on the cleanliness of the children, so a special account of that work is given on page 57.

The equipment supplied by the Committee in 1956 and 1957 to increase the facilities for auditory training in the School for the Deaf has been in use for long enough to assess its value. The Inductive Loop System in the two nursery classrooms has been so successful that plans for its extension to other classrooms are under way, and even the youngest nursery children accept in a natural way the transistor hearing aids for continual wear. The junior and senior children are showing improved powers of verbal expression, and their speech in general has gained in clarity. In some instances the improvement is so striking that the speech approximates that of a hearing child. The change in the nursery is difficult to describe. The children there have always been serene and active, but they were a rather silent group, and one was therefore aware of the noise of the toys with which they were playing. Now one hears instead the noise of children's voices, sometimes in speech, but more often in happy chattering sounds which obviously give the producer a feeling of great satisfaction. The general atmosphere is certainly one of greater animation. As more experience is gained in the use of the equipment, and as the children who have had it from their nursery days pass through the school, only then will the full benefit be felt.

The Clinic for Young Deaf Children has developed gradually, ten children being seen in 1956, and 17 new cases in 1957. Those have been referred by local consultants, both pædiatricians and otologists, and by medical officers

of health from this or neighbouring authorities. The parents have in most cases been extremely co-operative and willing to attend in spite of the long journey involved. They are always present at the auditory training sessions and many have said how much help they have received there, for dealing with the children at home. At the end of the year the 17 cases were disposed of as follows :—three were admitted to the Maud Maxfield School for the Deaf, eight were current cases, and three after investigation were discharged as having normal hearing ; two were temporary absentees and one was discharged as the parent could not attend.

The audiometric testing of children aged nine years has been reviewed over the four years 1953–1956, inclusive, and the results from the gramophone and the sweep audiometer compared. The object in the testing is to take one complete age group of children and quickly sift out all those who appear slightly deaf in one or both ears and have them fully investigated. The findings have confirmed the clinical opinion that the sweep audiometer is the more accurate test, the numbers located with it being higher—8·9 as against 2·2 per thousand children with a loss of more than 20 decibels in both ears. The gramophone method was therefore abandoned in 1957. In 1956–57 the audiometer sweep test was given for the first time to a younger group—the school entrants—and 11·6 per thousand children were found with this same degree of deafness. Details of this are found on page 30.

It is noted that at no time has any child in Sheffield been found by the screening test to be sufficiently deaf for admission to a special school, and indeed only a very few have been deaf enough to require hearing aids (six in five years) as those children with the greatest loss had always been diagnosed earlier, and were already in the special schools. The value of the test lies in its ability to find children with deafness in only one ear, or lesser degrees of deafness requiring treatment, and to keep under observation cases of slight deafness that might deteriorate. For example, in 1956 and 1957 620 such retests were done, and 28 of the children were then found to be in need of both lip reading instruction and hearing aids. To do audiometric screening without taking the trouble to keep under longer observation the slighter cases of deafness would mean that many children, who eventually need special help, would in fact be missed.

It was then considered which age group was the best to test with the sweep method in the light of the experience gained. Children aged five, contrary to expectations, were found to be easy to test, but in my opinion this is not the group to choose for the following reasons : (i) Periodic medical inspection takes place at this age and where it had preceded audiometry, those children with impaired hearing had already been found and were under investigation. There was therefore overlapping and unnecessary work ; (ii) The absentee rate at this age from respiratory infections and fevers is always high, which

makes administration cumbersome and causes waste of staff time ; (iii) The hearing of many children of 5 years varies greatly from week to week because of respiratory infections, and time is wasted on retesting children who without special treatment do regain normal hearing ; (iv) No relatively deaf children were found. There were none requiring special educational help, even to the extent of a special place in a class.

By the age of seven, children have settled down in school and gained some immunity to the commoner infections, so this would seem to be a suitable year to carry out the test. It has been stated that the children who have more serious hearing loss are consistently located clinically by the staff. This is demonstrated by the fact that in the same five years (1953–57) 42 children were found in this way who required lip reading instruction, and 20 who in addition needed hearing aids, as well as those who needed the complete education of a special school for the deaf or partly deaf.

A long term investigation into children who have been admitted to a school for the educationally sub-normal commenced two years ago under the direction of the psychologists at the Child Guidance Centre. Children who are up to ten years of age when first given an intelligence test are included, and they are retested in alternate years, the school medical officer using the Terman-Merrill Scale and the psychologist, an American test—the Wechsler. The study has various aims such as the determination of the rate of intellectual maturation of educationally sub-normal children, the age at which mental limits may be met, and the predictive reliability of intelligence tests. The Wechsler Intelligence Scale for children is relatively new, and is a very promising test as an extra diagnostic tool in doubtful or borderline cases ; it serves as a criterion against which the Terman-Merrill test may be correlated. Although the study is a longitudinal one, an immediate by-product is the benefit to the child with the increased information about him available for use in school.

It now remains for me to acknowledge the support and consideration shown by the Chairman and Members of the Committee in the welfare of the child. I have pleasure in expressing thanks to Mr. Moffett, the Director of Education, for his valuable advice, and to the staff of the various departments for their help in preparing sections of the report. Thanks are due to Dr. Roberts, the Medical Officer of Health, for certain vital statistics. I am greatly indebted to the whole staff of the School Health Service for their collaboration in all the work of the year.

M. C. TAYLOR,
Principal School Medical Officer.

11
CLINICS

Clinic	No. of Schools	No. of Dcpts.	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street	All	All	Full-time.	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopædic, heart and chiropody clinics. Central inspection, minor ailment and immunization clinics.
Clinic for Young Deaf Children, 7, Leopold Street.	All	All	Thurs. mornings and afternoons.	Diagnosis of Degree of Deafness and Auditory Training.
Child Guidance Centre, 9, Newbould Lane	All	All	Full-time.	Child Guidance.
Speech Therapy Clinic, 9, Newbould Lane	All	All	Full-time.	Speech Therapy.
DISTRICT MEDICAL CLINICS.				
Attercliffe Branch Clinic, Vicarage Road	11	18	Mon., Tues., Wed., and Fri. afternoons and Sat. mornings.	Inspection, minor ailment and immunization clinics.
Central Clinic, 7, Leopold Street— District E	16	24	Mon., Wed. and Sat. mornings.	
District F	21	26	Tues. and Thurs. afternoons & Sat. mornings.	
Handsworth Branch Clinic, Hall Road, Handsworth	9	14	Wed. mornings.	
Heeley Branch Clinic, Lowfield County School	29	42	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Hillsborough Branch Clinic, Broughton Road	15	26	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Manor Branch Clinic, Prince Edward County School	14	25	Mon., Wed. and Thurs. afternoons and Sat. mornings.	
Pitsmoor Branch Clinic, Ellesmere Road County School	11	22	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Shiregreen Branch Clinic, Shiregreen County School	10	16	Mon. and Wed. afternoons and Sat. mornings.	
Southey Green Branch Clinic, Southey Green County School	2	5	Thurs. afternoons.	
Wisewood Branch Clinic, Wisewood County School	3	6	Wed. and Fri. afternoons.	
Woodhouse Branch Clinic, Balmoral Road, Woodhouse	2	2	Fri. mornings.	
Wybourn Branch Clinic, Wybourn County School	4	5	Mon. and Thurs. mornings.	
DENTAL CLINICS.				
Central Clinic, 7, Leopold Street ..	42	50	Varies.	Routine and casual dental treatment, special dental cases, and dental radiography.
Attercliffe Branch Clinic, Vicarage Road	12	21	„	
Hatfield House Lane Branch Clinic, Hatfield House Lanc County School	8	13	„	Routine and casual dental treatment
Heeley Branch Clinic, Lowfield County School	28	38	„	
Manor Branch Clinic, Prince Edward County School	25	39	„	Routine and casual dental treatment and orthodontics.
Owler Lane Branch Clinic, Owler Lane County School	11	21	„	
Southey Green Branch Clinic, Southey Green County School	4	10	„	Routine and casual dental treatment.
Western Road Branch Clinic, Western Road County School	10	19	„	

ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Hands-worth	Wood-house	Shire-green	Manor	Wise-wood	Southey Green	Wy-bourn	Special Depts.	Total
Inspection and Minor Ailments Clinics ..	4,399	5,200	3,854	4,446	1,940	2,116	1,096	327	2,503	2,657	2,800	814	2,244	—	34,396
Child Guidance Centre ..	—	—	—	—	—	—	—	—	—	—	—	—	—	4,844	4,844
Speech Therapy Clinics ..	—	—	—	—	—	—	—	—	—	—	—	—	—	5,339	5,339
Treatment Clinics—															
Ophthalmic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	5,877	5,877
Orthoptic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1,932	1,932
Aural ..	—	—	—	—	—	—	—	—	—	—	—	—	—	805	805
Dental (Central & Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	29,308	29,308
Orthopædic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	567	567
Rheumatism & Heart ..	—	—	—	—	—	—	—	—	—	—	—	—	—	154	154
Diphtheria Immunization	—	—	—	—	—	—	—	—	—	—	—	—	—	4,912	4,912
Chiropody ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1,356	1,356
Dressings by School Nursing Sisters—															
Eye cases ..	353	564	241	282	178	35	17	333	109	239	68	322	2,487	5,228	
Ear cases ..	1,804	1,643	1,333	524	1,121	451	92	467	772	467	107	913	1,431	11,125	
Minor ..	4,892	3,389	3,758	2,831	2,606	648	261	2,788	4,386	1,960	827	4,996	14,431	47,773	
TOTALS ..	11,448	10,796	9,186	8,083	7,961	2,230	697	6,091	7,924	5,466	1,816	8,475	73,443	153,616	

STAFF

Dr. White resigned in May, and was replaced in September by Dr. Vincent, who was appointed in a temporary capacity. The two doctors who were attending classes for the Diploma in Public Health have continued to have leave of absence for two days a week.

Mr. Hawley was appointed as dental officer in February and Mr. Reynolds in November. Miss Pellatt resigned in October for domestic reasons after the good record of 29 years on the staff. Mr. Welton and Mrs. Townsend, part-time dental officers, resigned respectively in March and May. There were three vacancies on the establishment at the end of the year.

Miss Cooper was promoted to the post of Senior Speech Therapist in February after the post had been vacant for eight months. The establishment of speech therapists was completed by the appointment of Miss Chapman in January, but Miss Less resigned in December.

Two school nursing sisters were appointed to fill vacancies and three resigned, two of those being on superannuation, namely, Miss N. Hobson and Mrs. Compton with 27 and 24 years of service, respectively ; such continuity of work contributes very greatly to the efficiency of any establishment.

CO-OPERATION WITH THE NATIONAL HEALTH SERVICE

The arrangements made with the Regional Hospital Board in connection with specialist clinics held at the Central Clinic, Leopold Street, continue to work smoothly ; letters are sent to the general practitioners each week giving the result of the consultants' examinations. Many requests for information on a child's health or behaviour in school, or for the results of any special examinations carried out by the School Health Service staff, are coming forward from hospital doctors. Pædiatricians are good enough to send us copies of their letters to general practitioners, and accounts of diagnostic investigations, relating to school children. Close contact with hospital almoners is maintained and at one Children's Department this is done by a school nursing sister attending at the hospital weekly ; she visits many homes at the request of the paediatrician, and also obtains information about child in-patients, very helpful to the school nursing sister for the child's area.

Co-operation with general practitioners, where the opportunity arises in the interests of a particular child, is a definite aim, and in the various districts is being gradually implemented by the school medical officers and nursing sisters. As reported previously after the children's final routine examination when anything of clinical interest has been found, a letter is sent to the children's general practitioner giving this information and including any recommendation made regarding future employment. During the year (1956 figures in brackets) following the examination of 6,794 (4,915) leavers

421 (285) letters were sent, that is six per cent., the same percentage as last year. The conditions with which the letters dealt, in the main, were the following :—

DEFECTS							NO OF CHILDREN
Defective vision	..	..	..	..	..	..	65
Defective colour vision	..	..	..	..	..	..	90
Other abnormalities of eyes	..	..	..	..	..	..	8
Deafness	..	..	..	..	..	..	40
Otitis media	..	..	..	..	..	..	18
Other E.N.T. conditions	..	..	..	..	..	..	2
Heart conditions	..	..	..	..	..	..	23
Chest conditions	..	..	..	..	..	..	43
Rheumatism	..	..	..	..	..	..	21
Epilepsy	..	..	..	..	..	..	19
Neurological	..	..	..	..	..	..	6
Orthopædic	..	..	..	..	..	..	37
Others	..	..	..	..	..	..	49
							421

CO-OPERATION OF PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

Co-operation of all adults in any way concerned with the child is essential to his well-being and fortunately is readily obtained. The following percentage of parents took advantage of attending with their children at the periodic health inspection :—

					1956 per cent.	1957 per cent.
Entrants	..	..	..	..	92·03	90·36
Intermediates	..	..	..	..	67·33	63·36
Leavers	..	..	..	..	31·66	31·78
Additional inspections	..	..	..	..	63·59	75·31

Most sincere appreciation is felt for the co-operation of teachers, inspectors, education welfare officers, the Children's Officer, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Voluntary Association for Mental Welfare and the Council of Social Service.

Due acknowledgment and thanks are given to the local Press for their continued sympathetic and helpful presentation of school health topics.

During the year the Sheffield School Children's Holiday Association, supported by the Sheffield School Teachers, made the usual excellent use of Fairthorn Convalescent Home. It opened from March 18th to December 21st and during that period a total of 187 children (98 girls, 89 boys) benefited by convalescence there. Additional to this number are 67 children who went during the summer vacation, being selected from the poorer parts of the City by the teachers. All the children were examined by the school medical officers and deemed suitable.

PERIODIC HEALTH INSPECTION

The arrangements have continued for examining children as soon as possible after entering school, in their first year at the secondary school, and before leaving school. This enables the head teachers of the schools to have a full medical report on all entrants to their departments, and to discuss the health of any child with the doctor. It means that junior schools are not visited for periodic health inspection, but an annual visit is made for a medical survey, and selected children can then be examined. It should be remembered that, in addition, all pupils are seen at intermediate periods by the school nursing sisters. The main statistics on medical inspection will be found on pages 75–84 and the findings are given in accordance with the Ministry's requirements.

The number of children (1956 figures in brackets) found to require treatment at the periodic health inspection for various defects was 2,748 (1,925). In addition 2,552 (1,923) were referred for further medical supervision.

At the "follow-up" examinations which take place the year after the periodic health inspection 4,348 (3,799) children were examined.

There were 599 (616) cases selected at the survey inspection and 170 (118) were found to require treatment.

The percentage of the periodic health inspection groups referred for treatment (excluding defects of nutrition, uncleanliness and dental disease) were as follows :—

Entrants	..	..	..	..	..	16·25	(12·04)
2nd Group	..	..	..	..	..	13·10	(8·52)
3rd Group	..	..	..	..	..	13·00	(12·27)
†Additional inspections	..	..	..	..	..	12·90	(3·4)
Total for all groups	..	..	..	..	..	13·86	(10·56)

† Pupils at special schools or who missed the usual periodic examinations.

EXTRACTS FROM REPORTS OF SCHOOL MEDICAL OFFICERS

The following are extracts from reports of school medical officers, with a few introductory notes.

In general the clinical opinion has been expressed that the health of the children has been maintained.

"The health of the children in these areas, I am pleased to report, has been remarkably good."

"There has been no notable change in the overall picture of the general health of the school child in the areas covered by me in the past twelve months. The general health remains satisfactory despite the inclement weather during the summer months."

Reference to Ear, Nose and Throat conditions with particular mention of the chronic "running ear" :—

"There have been fewer cases of acute otitis media, but still a steady attendance of children with chronic otitis media."

“ It is not often that we find a new case with chronic otorrhoea since penicillin treatment of acute otitis media became general. Fewer cases have required tonsillectomy ; adenoidectomy has been more often necessary. The cases of sinusitis and antrum infection have been rather more frequent, but treatment of these conditions has cleared up quite a proportion of cases of children who were bad attenders due to incessant colds and frequent bronchitis.”

“ I have now been here long enough to observe the beneficial effect of tonsillectomy in the treatment of continual sore throats, enlarged glands, etc.”

Frequent or prolonged absence from school in asthmatic children can be a serious problem, as it renders them retarded educationally and out of touch socially with their classmates. A vicious circle is created—the greater the absence the greater the reluctance to return to school when physically recovered, and this disturbed emotional state increases the tendency to asthma; anything that helps to break this circle is therefore valuable. Breathing exercises as recommended by the Medical Research Council proved so beneficial to many children at the open air schools that they have been made available at every branch clinic for the convenience of asthmatics attending ordinary schools. Here is a report from one of the clinics :—

“ The treatment of asthmatics with breathing exercises continues to be very successful and parents are co-operating well in encouraging the children to return to school at the earliest possible moment after the attacks pass off. Most parents will now encourage these children to swim and sing—much to the children’s enjoyment and benefit.”

A department of dermatology at one of the large hospitals reports in a recent British Medical Journal a sharp increase in scabies since 1957. This has been experienced in one area in Sheffield. “ The incidence of scabies has increased in this area from two cases in 1955 to 15 cases in the past year. The total number in this area exceeds those in all the other areas of Sheffield together.”

While Attercliffe Clinic is being rebuilt on the same site, the work is being carried on in one of the nearby schools. The school medical officer reports :—

“ Work at Attercliffe Clinic has progressed quietly throughout the year. The temporary quarters have proved very satisfactory, and the continued attendance of mothers has proved very gratifying to our efforts, although the occasional mother has found the new clinic difficult to locate. Generally we appear to have been very accessible and the teachers have been most kind. Our numbers were not greatly affected by the influenza epidemic, the brunt of it being borne by the local family doctors.”

The difficulty in inducing fat children to reduce their weights is being experienced at all clinics. “ We are endeavouring to persuade several obese children to diet, with obvious success in only one case.” “ The overweight and obese child continues to be a problem.”

One doctor comments on the attendance of parents at her clinics in two areas. “ Parents attend well with their children, although a large percentage

of both parents are working.” “ Although parents attend well in this district there has been an increase in the number of children attending on their own.”

Special Educational Treatment in new schools :—“ The new school for educationally backward children at East Hill will do a lot to correct the erroneous impression that many parents have, that any school for educationally sub-normal children is but an inferior substitute for an ordinary school. The splendid accommodation and the excellent surroundings have already been responsible for a complete change of mind on the part of more than one pair of parents, who prior to a personal inspection of the school, had been rather dubious as to the educational facilities being offered to their children. Any parent seeing this school will realise that their child is being offered the benefit of a specialised form of education designed to meet their particular requirements.”

“ At Bents Green School again the report is satisfactory. For some time it has been felt that a closer link with the family was needed, more than was provided by letters, and by a monthly visiting day. This was especially so as more younger children, and debilitated children showing signs of mal-adjustment, were being admitted. Accordingly, it was arranged that parents could, if they wished, visit and take their children out any Saturday. This has been appreciated by both parents and children, and has proved most successful.”

GENERAL CONDITION

The classification of children under the term “ General Condition ” implies a general impression of the children’s physical fitness. That the assessment is necessarily a subjective one is generally agreed ; for example, one’s standard tends to be higher in a school where the nutritional level is high, and lower in one that is less good. Nevertheless the proportion in the two groups is virtually the same as last year.

Age groups	Year	Number examined	Satisfactory per cent.	Unsatisfactory per cent.
Entrants	1956	6,205	99·84	0·16
	1957	5,094	99·74	0·26
Intermediates	1956	6,517	99·68	0·32
	1957	7,208	99·69	0·31
Leavers	1956	4,915	99·74	0·26
	1957	6,794	99·75	0·25
Special Examinations ..	1956	585	99·15	0·85
	1957	729	99·45	0·55
Total for all age groups	1956	18,222	99·73	0·27
	1957	19,825	99·72	0·28

HEIGHTS AND WEIGHTS

The first table of anthropometric examinations of the children includes for comparison figures for the years 1920, 1938 and 1945 (pre-war and post-war years), and 1956. It has already been noted that the tendency in the past for an increase each year in the average height and weight for a particular age group is disappearing ; and in the second table, where a comparison between schools in varying types of districts is given, an ironing out of the difference between good and poor, is also becoming apparent.

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1956 Inches	1957 Inches	Number Examined 1957	Age	1920 Inches	1938 Inches	1945 Inches	1956 Inches	1957 Inches	Number Examined 1957
5	40.5	42.44	42.93	43.34	43.23	1,856	5	40.75	42.13	42.64	42.77	42.85	1,726
6	42.75	44.76	44.77	45.6	45.61	1,977	6	42.45	44.24	44.63	45.28	45.17	1,931
7	44.4	47.09	46.98	47.85	48.	2,198	7	44.05	46.77	46.59	47.56	47.62	2,050
8	46.9	49.21	49.84	50.19	50.07	2,392	8	46.9	48.86	48.85	49.73	49.63	2,270
9	48.45	50.47	50.38	52.13	52.13	2,591	9	47.95	50.39	51.22	51.7	51.75	2,524
10	49.8	52.28	54.31	53.97	54.08	2,934	10	50.25	52.13	54.38	53.74	53.82	2,733
11	53.55	53.98	54.91	55.97	55.81	2,493	11	51.1	55.28	55.62	56.2	56.06	2,266
12	54.05	56.42	56.44	57.8	57.91	1,869	12	54.5	57.52	57.96	58.51	58.45	1,781
13	55.7	57.91	59.1	60.01	59.92	2,006	13	56.05	58.9	60.02	60.42	60.54	1,946
14	56.45	59.8	60.38	62.47	62.56	1,763	14	57.	60.75	60.9	61.77	61.63	1,645
15	—	—	—	64.42	64.14	327	15	—	—	—	62.24	62.38	286
16	—	—	—	66.61	66.44	84	16	—	—	—	63.07	63.05	22

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1956 Pounds	1957 Pounds	Number Examined 1957	Age	1920 Pounds	1938 Pounds	1945 Pounds	1956 Pounds	1957 Pounds	Number Examined 1957
5	38.6	41.49	41.58	43.74	43.51	1,856	5	38.9	39.93	40.18	42.1	42.1	1,726
6	42.2	45.72	44.95	48.58	48.25	1,977	6	40.45	43.87	43.71	47.07	46.89	1,931
7	45.1	51.1	49.77	53.76	53.81	2,198	7	42.1	49.21	47.62	52.74	52.69	2,050
8	50.15	56.17	57.12	59.83	59.65	2,392	8	49.05	54.17	54.41	58.64	58.46	2,270
9	52.25	60.	61.73	65.99	65.74	2,591	9	52.2	58.	59.12	64.95	65.12	2,524
10	57.7	64.29	74.52	72.69	72.55	2,934	10	53.4	63.8	67.61	72.29	72.37	2,733
11	68.2	70.86	73.49	80.08	79.23	2,493	11	61.75	75.44	77.48	81.66	80.84	2,266
12	70.4	80.14	79.35	87.96	88.42	1,869	12	71.05	83.47	85.85	91.69	91.88	1,781
13	73.75	85.61	90.07	97.52	98.23	2,006	13	77.35	89.66	96.04	102.37	103.39	1,946
14	79.55	94.14	95.16	108.48	110.09	1,763	14	78.95	100.5	99.65	110.66	110.29	1,645
15	—	—	—	119.15	119.07	327	15	—	—	—	114.94	115.1	286
16	—	—	—	136.63	132.69	84	16	—	—	—	124.89	118.52	22

HEIGHTS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		
5	1,856	43.23	424	43.85	1,032	43.12	400	42.84	5	1,726	42.85	355	43.51	949	42.75	422	42.52		
6	1,977	45.61	485	46.24	1,102	45.47	390	45.28	6	1,931	45.17	434	45.78	1,107	45.08	390	44.77		
7	2,198	48.	487	48.82	1,248	47.83	463	47.6	7	2,050	47.62	480	48.53	1,166	47.42	404	47.13		
8	2,392	50.07	573	50.81	1,371	49.91	448	49.65	8	2,270	49.63	508	50.33	1,288	49.53	474	49.39		
9	2,591	52.13	617	52.83	1,446	51.99	528	51.71	9	2,524	51.75	584	52.41	1,438	51.62	502	51.38		
10	2,934	54.08	763	54.73	1,612	53.91	559	53.69	10	2,733	53.82	678	54.48	1,514	53.63	541	53.51		
11	2,493	55.81	779	56.35	1,301	55.6	413	55.45	11	2,266	56.06	656	56.83	1,226	55.81	384	55.57		
12	1,869	57.91	589	58.22	935	57.79	345	57.69	12	1,781	58.45	534	59.17	934	58.19	313	58.02		
13	2,006	59.92	669	60.02	906	59.91	431	59.77	13	1,946	60.54	602	61.09	1,004	60.3	340	60.3		
14	1,763	62.56	510	62.85	911	62.48	342	62.31	14	1,645	61.63	458	62.24	821	61.39	366	61.39		
15	327	64.14	162	64.91	118	63.46	47	63.35	15	286	62.38	129	62.47	118	62.38	39	62.32		

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		
5	1,856	43.51	424	44.68	1,032	43.38	400	42.59	5	1,726	42.1	355	42.98	949	42.06	422	41.46		
6	1,977	48.25	485	49.45	1,102	47.97	390	47.6	6	1,931	46.89	434	48.01	1,107	46.65	390	46.29		
7	2,198	53.81	487	55.72	1,248	53.35	463	53.06	7	2,050	52.69	480	55.04	1,166	52.16	404	51.45		
8	2,392	59.65	573	61.24	1,371	59.19	448	59.06	8	2,270	58.46	508	59.48	1,288	58.26	474	57.87		
9	2,591	65.74	617	67.39	1,446	65.58	528	64.19	9	2,524	65.12	584	66.73	1,438	64.94	502	64.52		
10	2,934	72.55	763	74.42	1,612	72.	559	71.6	10	2,733	72.37	678	73.85	1,514	72.	541	71.65		
11	2,493	79.23	779	80.2	1,301	78.85	413	78.63	11	2,266	80.84	656	82.38	1,226	80.29	384	79.98		
12	1,869	88.42	589	89.61	935	88.11	345	87.19	12	1,781	91.88	534	93.49	934	91.27	313	90.93		
13	2,006	98.23	669	100.83	906	97.68	431	95.32	13	1,946	103.39	602	104.05	1,004	103.39	340	102.13		
14	1,763	110.09	510	112.01	911	109.39	342	109.1	14	1,645	110.29	458	111.95	821	110.44	366	107.87		
15	327	119.07	162	123.48	118	114.83	47	114.68	15	286	115.1	129	115.03	118	115.27	39	114.75		

SCHOOL MEALS

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December, 1957 :—

1957				1957			
Totals				Totals			
January	..	..	35,812	July	..	..	31,087
February	..	..	35,291	August	..	..	*
March	..	..	34,871	September	..	..	29,612†
April	..	..	31,880	October	..	..	33,022
May	..	..	31,253	November	..	..	34,030
June	..	..	31,127	December	..	..	34,313

* All Schools closed in August

† Influenza epidemic

	1956	1957
Number of dinners supplied on payment	5,929,216	5,496,088
Number of dinners supplied free ..	488,087	479,858
Number of dinners supplied on part payment of 6d.	10,371	6,880

The following is the number of children on free meals in December, earlier years being included for comparison :—

1951	1952	1953	1954	1955	1956	1957
3,874	3,987	4,117	3,560	3,231	2,862	2,960

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to one one-third pint bottle per day per child and no charge is made.

All milk supplied to the schools is pasteurised.

1957				Primary and Secondary Schools	Grammar Schools	Non-Maintained Schools	Totals
January	..	..	..	57,367	3,601	2,847	63,815
February	..	..	..	56,780	3,613	2,907	63,300
March	..	..	..	56,506	3,972	2,913	63,391
April	..	..	..	56,521	3,812	2,926	63,259
May	..	..	..	56,882	3,891	2,979	63,752
June	..	..	..	57,229	3,862	3,096	64,187
July	..	..	..	56,711	4,207	3,063	63,981
August	..	..	..	—	—	—	—*
September	..	..	..	53,512	3,938	2,800	60,250†
October	..	..	..	55,132	4,269	2,876	62,277
November	..	..	..	56,037	4,373	2,900	63,310
December	..	..	..	55,373	4,341	2,886	62,600

* All Schools closed in August

† Influenza epidemic

A return to the Ministry of Education shows that on a day in October, 1957, 85·6 per cent. of pupils received beverage milk and 43·4 per cent. received dinners.

CLEANLINESS

The figures obtained from inspection at the routine examinations, following due notice to the parents, are given below, and show that the standard has improved slightly.

CLEANLINESS OF HEAD

				CLEAN	INFECTED		
				per cent.	HAIR		
					per cent.		
Boys	..	1945..	..	97·04	2·96	(Nits 2·81	Lice 0·15)
		1954..	..	98·41	1·59	(„ 1·59	„ —)
		1955..	..	98·86	1·14	(„ 1·07	„ 0·07)
		1956..	..	99·37	0·63	(„ 0·62	„ 0·01)
		1957..	..	99·42	0·58	(„ 0·58	„ —)
Girls	..	1945..	..	83·24	16·76	(„ 15·83	„ 0·93)
		1954..	..	92·23	7·77	(„ 7·75	„ 0·02)
		1955..	..	95·07	4·93	(„ 4·87	„ 0·06)
		1956..	..	97·16	2·84	(„ 2·82	„ 0·02)
		1957..	..	97·57	2·43	(„ 2·42	„ 0·01)

CLEANLINESS OF BODY

				CLEAN	DIRTY	BODY LICE
				per cent.	per cent.	per cent.
Boys	..	1945	..	99·56	0·41	0·03
		1954	..	99·87	0·13	—
		1955	..	99·97	0·03	—
		1956	..	100·00	—	—
		1957	..	100·00	—	—
Girls	..	1945	..	99·65	0·30	0·05
		1954	..	100·00	—	—
		1955	..	99·98	0·02	—
		1956	..	99·98	0·01	0·01
		1957	..	99·99	0·01	—

HYGIENE OF SCHOOL BUILDINGS

At the close of the periodic health inspection the school medical officers make an examination of the hygienic condition of the schools. Any structural defects, or suggested alterations or additions which might improve the health of the children are reported.

The new schools completed are Hemsworth County, King Ecgbert Secondary and East Hill Schools for Junior and Senior Boys. Eight old schools have had extensions built, and seven others alterations carried out.

Two clinics have been completed, one at Greenhill to serve a large new estate and one at Handsworth to replace the army hut previously in use.

INSPECTION AND MINOR AILMENTS CLINICS

The clinics form a very important section of the service and the parents and children have continued to avail themselves of the facilities offered. The following table records the nature of the consultations during the year :—

INSPECTION AND MINOR AILMENTS CLINICS 1957

Condition	Atter-cliffe	Pitsmoor	Hills-borough	Heeley	Central (E)	Central (F)	Hands-worth
SKIN—							
Ringworm—Scalp ..	—	—	1	—	—	—	—
Body ..	3	1	—	—	—	—	—
Scabies	—	—	—	2	—	—	—
Impetigo	14	9	4	—	4	—	—
Other	265	308	294	415	232	249	88
EYE—							
Defective vision ..	130	110	120	208	105	114	102
Squint	17	9	6	14	7	1	4
Other	124	83	72	97	32	49	9
EAR—							
Defective hearing ..	68	25	21	71	59	19	11
Otitis media	129	33	21	18	32	6	20
Other	126	120	118	98	43	38	55
NOSE AND THROAT—							
Chronic tonsillitis and adenoids	32	22	—	4	19	10	2
Other	192	17	51	58	65	77	10
SPEECH	23	34	55	—	47	25	33
LYMPHATIC GLANDS ..	16	28	1	6	3	1	—
HEART	7	2	1	5	5	7	2
LUNGS	83	26	16	4	46	56	6
DEVELOPMENTAL—							
Hernia	—	—	—	—	—	1	—
Other	5	—	—	5	—	—	—
ORTHOPÆDIC—							
Posture	—	—	—	—	—	—	—
Feet	10	—	2	—	—	—	—
Other	56	82	14	39	37	42	18
NERVOUS SYSTEM—							
Epilepsy	2	11	4	10	9	5	2
Other	15	4	—	9	3	—	2
PSYCHOLOGICAL—							
Development	2	—	—	—	8	5	1
Stability	32	3	9	16	24	32	9
ABDOMEN	24	22	—	—	—	—	—
OTHER	679	736	889	1,104	704	622	248
Cases	2,054	1,685	1,699	2,183	1,484	1,359	622
Examinations	4,399	5,200	3,854	4,446	1,940	2,116	1,096

Wood-house	Shire-green	Manor	Wise-wood	Southey Green	Wybourn	Total	Condition
—	—	—	—	1	—	2	SKIN—
—	—	—	1	—	—	5	Ringworm—Scalp
—	—	15	—	—	—	17	Body
—	2	25	1	—	5	64	Scabies
8	212	362	145	22	85	2,685	Impetigo
							Other
15	83	143	30	18	46	1,224	EYE—
1	11	7	5	4	2	88	Defective vision
—	67	84	52	12	14	695	Squint
							Other
2	36	31	4	7	10	364	EAR—
3	38	44	1	16	14	375	Defective hearing
10	30	78	43	5	62	826	Otitis media
							Other
6	33	28	1	22	23	202	NOSE AND THROAT—
11	160	91	32	27	432	1,223	Chronic tonsillitis and adenoids
							Other
3	24	52	—	4	7	307	SPEECH
—	12	3	4	2	—	76	LYMPHATIC GLANDS
—	6	—	1	2	1	39	HEART
2	53	13	2	43	17	367	LUNGS
—	1	2	—	—	—	4	DEVELOPMENTAL—
—	3	2	4	4	—	23	Hernia
							Other
—	—	—	—	—	—	—	ORTHOPÆDIC
—	7	1	—	1	1	22	Posture
—	26	38	63	6	5	426	Feet
							Other
—	4	6	5	2	2	62	NERVOUS SYSTEM—
—	13	16	1	7	3	73	Epilepsy
							Other
1	—	1	1	—	1	20	PSYCHOLOGICAL—
—	8	11	1	—	4	149	Developmental
							Stability
—	29	11	—	7	20	113	ABDOMEN
46	559	682	511	189	563	7,532	OTHER
108	1,417	1,746	908	401	1,317	16,983	Cases
327	2,503	2,657	2,800	814	2,244	34,396	Examinations

DISEASES OF THE SKIN

Some skin diseases call for special comment.

SCABIES

The incidence of scabies rose from pre-war to reach its maximum in 1942, but in recent years has remained at a low level :—

Year								Number of cases notified by school doctors
1942	..	..	..	..	..	..	..	2,657
1955	..	..	..	..	..	..	..	15
1956	..	..	..	..	..	..	..	14
1957	..	..	..	..	..	..	..	17

RINGWORM OF THE SCALP

There were two cases during the year.

EYE DEFECTS

The number of children found to have defective vision at the routine examination is set out in the table below :—

				Number examined	Normal vision per cent.	Defective vision per cent.
<i>Entrants.</i>						
Boys	..	..	2,493 out of 2,580	..	94·3	.. 5·7
Girls	..	..	2,442 out of 2,514	..	93·94	.. 6·06
<i>Intermediate.</i>						
Boys	..	..	3,709	..	87·68	.. 12·32
Girls	..	..	3,499	..	84·37	.. 15·63
<i>Leavers.</i>						
Boys	..	..	3,480	..	83·3	.. 16·7
Girls	..	..	3,314	..	81·68	.. 18·32
<i>Special Inspections.</i>						
Boys	..	..	350	..	82·57	.. 17·43
Girls	..	..	379	..	87·6	.. 12·4

In addition, the school nursing sisters test the visual acuity in certain other age groups, namely 7, 9 and 13 years. This means that with the visual testing at periodic health inspection the children's eyes are tested every other year. The school nursing sisters referred 433 children to the medical officers at the clinics ; of these 305 were found to require examination by the ophthalmologist and 125 were kept under observation. No treatment was found to be necessary in the other 3 cases.

OPHTHALMIC TREATMENT

Mr. Ferguson, the Ophthalmologist, contributes the following :—

“In carrying out refractions on the younger children it is necessary as a preliminary measure to use eye drops in order to dilate the pupils. For this in the past nine months cyclogyl has been used instead of atropine, and in the following comparison of the two, its advantages can be seen.

Atropine has to be inserted over several days ; this has to be done at home ; two visits to the clinic are necessary ; and the after-effects (dimness of vision) last about 14 days. Cyclogyl can be inserted once or twice on the same day, and is thus under the control of the school nursing sister ; this entails only one visit to the clinic ; and the after-effects on the eye last only about 24 hours. Cyclogyl thus saves time for all concerned as the number of attendances per child are decreased, more children can be seen, and a greater number of glasses can be prescribed in the time saved.

A new form of investigation on squints, and “lazy eyes” (amblyopia) is being carried out by Mrs. Draycott in the Orthoptic Departments of the Clinic and Royal Hospital. In their successful treatment, two factors are of great importance, viz., the age of onset—the earlier this is, the poorer the prognosis ; and the length of time it has been present before being brought for advice. Squints arising before the age of three years and neglected until the child is of school age present these two adverse factors, and generally speaking are the most difficult cases with which to get a satisfactory result. On the other hand squints arising round about the age of five years are more easily detected, and because the reflex nerve paths are now fully developed they are easier to treat.

A “lazy eye” is one that is not being used, as the brain has acquired the faculty of ignoring impulses derived from the retina of the eye in order to prevent the subject having double vision. The initial treatment is to cover over the better eye and force the child to use the “lazy” one. Before commencing treatment it is important to know whether or not the macula, the most sensitive part of the back of the eye, can be made to function. If not, occlusion of the good eye is useless. Heretofore, provided that I have found the eye healthy, occlusion has been carried out more or less as a routine. Then if after several weeks of occlusion there has been no improvement, the amblyopia has been considered intractable. Thus much staff time has been wasted, and loss of school time caused to the child. By means of a new apparatus, the visuscope, it is hoped that it will be possible to tell immediately if the macula is likely to function normally, and only if it is, will treatment be undertaken.

The clinic is fortunate in having the services of three part-time orthoptists, Mrs. Draycott, Miss Belsher and Miss Smith, who were appointed at the beginning of 1957. There is now no difficulty in the children obtaining orthoptic treatment.”

There were 3,005 pairs of spectacles prescribed. In addition, 267 repeat prescriptions were issued.

						Cases	Attendances
Errors of refraction :—							
Hypermetropia	..	..	..	..	..	126	156
Myopia	..	..	..	..	..	758	945
Astigmatism	..	..	..	..	..	2,362	3,042
Anisometropia	..	..	..	..	..	233	292
Congenital defects	..	..	..	..	..	233	318
Inflammatory conditions	..	..	..	..	..	68	113
Injuries	..	..	..	..	..	24	31
Squint :—							
Strabismus, convergent	..	..	..	..	..	385	532
„ alternating convergent	..	..	..	..	..	120	160
„ alternating divergent	..	..	..	..	..	5	6
„ divergent	..	..	..	..	..	24	31
Phoria	..	..	..	..	..	62	82
Other	..	..	..	..	..	154	169
						4,554	5,877

ORTHOPTIC TREATMENT

At the beginning of the year the outstanding cases from 1956 were 129. Of 407 new children referred during the year 363 became registered patients, and the total attendance was 1932. 367 cases were still open at the end of the year and 125 were discharged. The details of those discharged follow :—

Consultative only (no treatment necessary)	..	..	..	23
After investigation found to be unsuitable for treatment	..			31
Treatment by occlusion or operation refused by parent			..	10
Cured	..	..	..	23
Cosmetically satisfactory	..	..	..	6
Left district or unable to attend	..	..	..	32

EAR, NOSE AND THROAT DEFECTS

The figures in brackets refer to the numbers for 1956.

Mr. Peasegood attended at the Central Clinic on one session a week to see children referred to him by the school medical officers.

The total number of children seen during the year was 524 (554) and of those 467 (519) were new cases. The children made 805 (994) attendances. The total number of operations performed was 337 (176), 331 (158) being for tonsils and adenoids only.

In addition the three hospitals have supplied their figures for operations for tonsils and adenoids :—

Royal Infirmary	134
Royal Hospital	429
Children's Hospital	185
Tonsillectomy Unit	1,053

The following table gives an analysis of the reasons for attendance at the clinic :—

Deafness	64
Otitis media	38
Tonsils and adenoids	213
Tonsils	33
Adenoids	93
Polypus	8
Other conditions	20
Consultation—no treatment advised at present	55
	<u>524</u>

NUMBER OF CHILDREN WHO HAVE HAD OPERATIONS FOR THE REMOVAL OF TONSILS

The school medical officers noted at the school inspection all children who had previously undergone tonsillectomy. The results are given below for the school entrants and the leavers :—

	Number examined			Number who have had tonsillectomy		Percentage	
	Girls	Boys	Total	Girls	Boys	Girls	Boys
Entrants	2,514	2,580	5,094	79	111	3·14	4·3
Leavers	3,314	3,480	6,794	560	546	17·	15·69

INCIDENCE OF OTITIS MEDIA

For the second year the doctors when examining the school leavers noted any history of previous ear discharge, recorded any abnormality found on auriscope examination, and arranged for the examination by pure tone audiometer of the affected children. The results are shown below in table form. It will be noted that 2·5 per cent. were found to have or to have had

some ear disease, and 2·3 per cent. definite present or past otitis media. 1 per cent. showed deafness of 9 to 30+ decibels loss. In addition, there were four children of this age group already in the Maud Maxfield School for the Deaf, and one Sheffield child in a Grammar School for the deaf.

OTITIS MEDIA IN SCHOOL LEAVERS

	Boys	Girls	TOTAL
Total number with active or quiescent ear trouble or deafness	86	85	171 (2·5%)
(a) History of otitis media	60	45	105
(b) Active or quiescent otitis media (discharge and/or perforation)	19	33	52
(c) Deafness without history of otitis media ..	7	7	14
Analysis of cases in (a) :—			
Hearing loss 3—6 decibels	14	7	21
9—18 decibels	10	7	17
21—30+ decibels	8	3	11
No loss	28	27	55
(1 did not attend)			
Analysis of cases in (b) :—			
Hearing loss 3—6 decibels	4	4	8
9—18 decibels	4	8	12
21—30+ decibels	7	9	16
No loss	4	10	14
(2 did not attend)			
Analysis of cases in (c) :—			
Hearing loss 3—6 decibels	2	2	4
9—18 decibels	2	3	5
21—30+ decibels	3	2	5
Registrar General's			
Social Class I	3	3	6
II	8	3	11
III	14	19	33
IV	45	50	95
V	16	10	26
Total number of leavers examined 1956 — 4,915			
Total number of leavers examined 1957 — 6,794			

CLINIC FOR YOUNG DEAF CHILDREN

A brief report is given on this in the Introduction.

AUDIOLOGY

PURE TONE SWEEP AUDIOMETRY

The method for the systematic testing of hearing of apparently normal children of one complete age group was dealt with at some length last year.

The school entrants aged five years were tested between September, 1956 and July, 1957, but unfortunately 294 children were absent for all tests, and a further number did not attend for retest after removal of wax and abatement of colds. The absentee rate from respiratory infections and the

common fevers in this age group would always be expected to be high, but this year it was accentuated by the extent of the measles and influenza epidemics. In order to make the survey quite complete for one year, it was thought worth while to have these children followed up persistently until they could be tested. They were therefore invited to branch clinics, but an appreciable number did not attend—mothers are often unwilling to bring a child for an examination of a routine nature as opposed to that for an ailment. For the mothers who go out to work this is understandable ; others give their reason for non-attendance as the cost of the bus fares. Administratively it was therefore expensive in staff to test the remaining children who were scattered all over the schools of the City.

The total number tested was 6,072 and of those 311 failed to reach the standard required, that is 5 per cent. On clinical examination by the nurse of the failures, 161 were found to be suffering from catarrh, or to have wax in the ears ; after treatment they were retested and 140 had now regained normal hearing. This gave a final total of 171 with defective hearing and an incidence of 175 out of 6,076 if the four of this age group already pupils at the Maud Maxfield School were included—2·88 per cent.

It should be noted that the four children with severe deafness had already been located clinically and were in the School for the Deaf, and that no children at all were found during the survey with sufficient loss of hearing to require hearing aids or any kind of special educational treatment in the ordinary school. All those with the relatively greater loss of hearing are under investigation and treatment, and will be retested at a later date in case of deterioration.

The details of the clinical and audiometric findings follow :—

		Partially deaf
Number who failed the first test		311 (5%)
Number with wax in the ears	123	
Number with colds and catarrh.. ..	38	
		161
Number with normal hearing after removal of wax	76	150
Number with defective hearing after removal of wax.. .. .		16
Number with normal hearing after abatement of cold	27	
Number with defective hearing after abatement of cold		5
Number already in the School for the Deaf		4
		175(2·88%)

Analysis of 171 Pure Tone Audiograms :—

15—20 decibels loss in one or both ears	18
More than 20 decibels loss in one ear	86
More than 20 decibels loss in both ears	67
	171

Analysis of the 67 children who have 20 or more decibels loss in both ears :—

20 to 30 decibels loss in the better ear	..	..	..	56
30 to 40 decibels loss in the better ear	..	..	..	9
40 to 50 decibels loss in the better ear	..	..	..	2

Of those 67 children, 26 were referred to the Aural Surgeon by the School Medical Officer, and the following treatment ordered :—

18	—	removal of tonsils and adenoids
1	—	removal of adenoids
3	—	politzerisation
1	—	bilateral antrum washout
3	—	retest at a later date

Disposal of the 171 children who had Pure Tone Audiograms and the conditions found :—

Children attending branch clinics	..	..	..	137
Children attending general practitioner	..	..	..	17
Children attending hospital	..	..	..	17

Conditions found in those attending branch clinics :—

Conductive deafness :—

Otitis media—Acute	..	..	..	..	2
Chronic—Active	..	..	..	..	8
Quiescent	..	..	..	..	21
Eustachian catarrh	..	..	..	..	74
For observation and retesting	..	..	..	..	32
					137

Of these children, 52 were referred to the Aural Surgeon :—

31 were put on the list for operative treatment

26 for removal of tonsils and adenoids

4 for the removal of adenoids only

1 for bilateral antrum washout

(12 were awaiting appointments)

Number of absentees to be followed up in school next year — 304

These children were absent for all tests.

PURE TONE AUDIOMETRIC TESTING

The total number of hearing tests carried out on the pure tone audiometer was 980. Of these 208 came forward through the sweep test and the analysis appears under that section, and 320 were retests of children followed up from previous years.

The remaining 452 children were referred as follows :—

School Medical Officers	..	..	..	439
Aural Surgeon	..	..	..	2
Speech Therapist	..	..	..	6
Other Authorities	..	..	..	3
Hospital	..	..	..	1
General Practitioners	..	..	..	1

ANALYSIS OF RESULTS (according to loss in the better ear) :—

Slight loss 15—20 decibels	..	..	..	12
More than 20 decibels loss	..	..	..	39
More than 30 decibels loss	..	..	..	12
More than 40 decibels loss	..	..	..	5
More than 50 decibels loss	..	..	..	1
More than 60 decibels loss	..	..	..	8 (All of these attend the Maud Maxfield School for the Deaf).
Found to have no loss..	..	..	..	375

A few of the above children had been tested for a general practitioner, hospital or another authority, but the diagnosis of the remaining 77 who attended branch clinics follows :—

Conductive deafness :—

Eustachian catarrh	..	..	..	..	26
Otitis media—Acute	..	..	..	..	1
Chronic—Active	..	..	..	..	14
Quiescent	..	..	..	..	17
Perception deafness	..	..	..	..	15
Mixed deafness	..	..	..	..	4
					77

48 of the above children were referred to the Aural Surgeon, who advised the following :—

25	—	removal of tonsils and adenoids
7	—	removal of adenoids
2	—	X-ray of sinuses
3	—	bilateral antrum washouts
9	—	politzerisation
2	—	breathing exercises at the school clinic

SPECIAL EDUCATIONAL TREATMENT

19 children were of Grade IIA deafness and were recommended for special educational treatment. They were all advised to sit in a favourable position for hearing in the class. 2, in addition, required to attend the class for lip reading, and 3 to wear hearing aids.

As mentioned 320 re-tests were done on children being followed up from previous years, and 14 of these were now recommended for attendance at the class for lip reading and the wearing of hearing aids.

SPEECH THERAPY

Miss Cooper submits the following report :—

“ANALYSIS OF WORK CARRIED OUT DURING 1957

Cases already open on the 1st January, 1957	..	..	..	162
Cases opened during 1957	..	..	..	224
				386
Cases closed during 1957	..	..	..	121
Cases open on the 31st December, 1957	..	..	..	265

ANALYSIS OF CASES OPEN ON THE 31ST DECEMBER, 1957

Number under	Stammer	Speech Defect	Stammer plus Speech Defect	Dysarthria	Cleft Palate	Total
Treatment ..	40	54	5	5	1	105
Supervision ..	30	28	2	3	2	65
Suspension ..	3	4	—	—	—	7
Investigation ..	6	2	—	—	—	8
Control Group	—	80	—	—	—	80

Cases on Waiting List 1st January, 1957	..	..	..	..	52
Cases referred during 1957	..	..	..	..	271
					323
Cases opened during 1957	..	..	..	..	224
Cases on Waiting List on 31st December, 1957	..	..	..	..	99

REASONS FOR CLOSURE DURING 1957

I. TREATMENT CASES. NO CAUSATIVE ORGANIC DEFECT DIAGNOSED.

	Regular treatment			Supervision		
	A	B	C	A	B	C
1. Good result	12	1	31	3	—	—
2. Improved as far as nature of defect will allow	—	1	5	2	—	—
3. Left school or district prior to completion of treatment.. .. .	11	—	3	—	—	—
4. Closed for non-attendance	3	—	23	—	—	—
5. Closed at parent's request	3	—	8	—	—	—
6. Unco-operative	2	—	—	—	—	—
7. Receiving treatment elsewhere	—	—	2	—	—	—

A=Stammer
B=Stammer plus speech defect
C=Defective speech

II. OBSERVATION CASES.

Treatment not indicated after period of supervision	..	..	..	6
Treatment not indicated at preliminary interview	..	..	..	3

III. DIAGNOSTIC INTERVIEWS NOT KEPT 2

INTERVIEWS

Treatment interviews with children	..	..	..	..	3,694
Diagnostic interviews with children	..	..	..	..	222
Interviews with parents	..	..	..	..	1,080
Interviews with other members of S.H.S.	..	..	..	..	174
Recall interviews after discharge	..	..	..	..	18

VISITS MADE BY THERAPISTS TO SCHOOLS, HOSPITALS, ETC. 148

NUMBER OF CHILDREN REFERRED TO OTHER SPECIALISTS

To Educational Psychologist for mental assessment	..	..	..	17
For audiometer test..	..	..	..	7
For orthodontic treatment	..	..	..	1

From the beginning of February the clinic has been fully staffed. Miss Chapman took up her appointment in January and we were very glad to welcome her. Miss Less accepted a post in Canada and left us at the end of December. We are again reduced to two therapists but we hope that this will not be for very long. The Committee have approved the appointment of a fourth therapist and when we have a team of four we should be able to cope more adequately with the ever-growing waiting list.

224 cases were opened in 1957 compared with 73 in 1956. A good proportion of these have not received regular treatment but have been kept under supervision. We have been pleased that many more children have been referred from the Infant Departments as parents often feel anxiety in case any speech abnormality at this stage should handicap their child's progress at school."

DENTAL TREATMENT

The Principal School Dental Officer submits the following report :—

STAFF

During 1957, several changes took place regarding the dental officers employed. At the end of the year the staff consisted of nine full-time dental officers, two part-time officers employed for a total of six sessions a week, and a medically qualified anaesthetist for two sessions a week.

Miss M. M. Pellatt, who had been on the staff since September, 1928, resigned because of changes in her domestic circumstances and took up an appointment with the Lancashire County Council.

New Appointments.

Full-time : Mr. N. J. Hawley appointed 11th February, 1957.
Mr. M. Reynolds appointed 25th November, 1957.

Resignations.

Full-time : Miss M. M. Pellatt resigned 31st October, 1957.
Mrs. L. L. E. Townsend resigned 30th June, 1957.

Part-time : Mr. H. L. Eirew (orthodontist) resigned 31st August, 1957.
Mr. F. E. Welton resigned 16th March, 1957.

Two members of the staff attended refresher courses during the year, one at the University of London and the other at the University of Bristol.

CLINICS

The Attercliffe Clinic was closed in August to allow its replacement by a new building. The suggestion of building an additional new dental clinic in the grounds of the Rowlinson School has been accepted. There are over 5,000 children now attending schools in the immediate vicinity of this school, and these, together with expectant and nursing mothers from the surrounding district, would provide ample work to keep one dental officer fully occupied. The provision of a clinic at Hillsborough is still under discussion.

INSPECTION OF ROUTINE AND CASUAL PATIENTS

Dental officers visited 137 (125) school departments on 285 (268) sessions and inspected 39,680 (37,845) children. An additional 5,009 (5,618) children referred by head teachers and members of the school medical staff were examined in the clinics. Of those parents invited to accept treatment 50% (48%) refused the offer, 32% (33%) accepted complete treatment and 18% (19%) accepted the extraction of teeth only. The table below is given so that information gained from school inspections in 1957 can be compared with that of 1947 and 1937.

Year	Number of children examined	% found to require treatment	% accepting treatment	No of dental officers employed
1937	44,539	71	58	9 +
1947	39,391	61	63	9 +
1957	39,680	76	50	9 +

The drop in the percentage of children found to require treatment in 1947 is interesting in that this occurred throughout the country at that time. It is generally thought that the incidence of decay was affected favourably by the rationing of sugar, jams and confectionery during and after the war period.

In 1937 and 1947 all treatment obtained privately had to be paid for, whereas treatment provided in the school clinics was free. In 1957 all treatment, with the exception of dentures obtained privately, was free. This latter has given rise to a number of children whose parents are unwilling to pay for dentures receiving them in the school clinics after having incisor teeth

extracted privately. With this in mind, it was thought possible that a high proportion of children who refused treatment in the clinics, were perhaps receiving other treatment privately because it is free. Mr. A. E. Gisburn, when visiting a school which had not received a visit from a dental officer for some years, made a detailed examination of the children with the object of assessing to what extent they had received treatment outside the school service. His report gave the number of children in each age group, the number of teeth extracted, those which required extracting, those which required filling and those which had been filled. The following table gives the results obtained, with the exception of conservative work which appears more appropriately in the next section of this report.

Age Group	No. of Children	No. of extracted teeth	No. of decayed teeth which required extracting	No. of decayed teeth which required filling	No. of children free from caries
4-5	16	14	1	68	3
5-6	41	67	9	122	2
6-7	64	99	13	199	6
7-8	66	203	49	168	3
8-9	66	13	10	113	12
9-10	80	33	20	174	6
10-11	71	24	20	139	7
11-12	68	69	31	130	5
12-13	74	76	48	145	7
13-14	71	98	44	179	1
14-15	51	74	34	122	1
15-16	10	9	4	35	Nil

The school concerned is situated in a middle working class area where private treatment is known to be available, and the figures given reveal the apathy with which parents regard dental treatment. Of the children inspected and offered treatment, 20% accepted complete treatment and 12% accepted the extraction of teeth only. At a later inspection of the same children, 44 only, of 323 children for whom treatment was refused in the clinics, had received any treatment outside the school service.

Dental officers have remarked that parents seem unwilling to accept treatment at the time this is offered, because treatment is now so readily available at short notice for the relief of pain. In support of this belief can be quoted the comparatively high acceptance rate of 78% in 1950 when urgent treatment was obtained with difficulty, because of the shortage of dental staff in the clinics, and because private practitioners were overwhelmed with adults seeking treatment.

TREATMENT OF ROUTINE AND CASUAL PATIENTS

Attention has been drawn in previous years to the percentage of appointments which were not kept. This year, 24% were broken, last year 27% and the year before 29%. It is unfortunate that the position with so many children is that their mothers work and have difficulty in leaving it to attend

the clinics with them. The majority of these children require fillings and if a full dental staff were available, it would no doubt be of value to arrange for home visits to be made, and for parents who are willing, to attend with their children at school inspections. These methods are known to increase the numbers of those receiving treatment, but their adoption does not seem to be justified while the number of staff is so inadequate.

During the year, 9,228 (10,850) routine patients and 5,007 (5,618) casual patients were treated. There was a considerable drop in the number of teeth extracted, being 4,973 temporary and 1,388 permanent teeth less than in 1956. This does not indicate a reduction in the incidence of caries. It is the result of having examined a larger number of children in schools during the last two years than formerly, and this has reduced the need for the extraction of teeth this year. Of the permanent teeth, 455 were extracted to relieve overcrowding or avoid irregularities. There were 5,247 permanent teeth extracted because of gross caries but this cannot be avoided if parents refuse to have them filled.

In the special survey carried out by Mr. Gisburn, the following information was obtained with regard to children receiving private treatment, and the extent to which they accept the filling of teeth.

Age Group	Total number of children	Number of children with fillings	Number of teeth filled	Percentage children with fillings
4-5	16	Nil	Nil	Nil
5-6	41	Nil	Nil	Nil
6-7	64	1	2	1.6
7-8	66	2	3	3
8-9	66	2	4	3
8-10	80	1	3	1.25
10-11	71	2	6	2.8
11-12	68	6	20	9
12-13	74	7	29	9.5
13-14	71	9	41	12.7
14-15	51	7	29	14
15-16	10	3	12	30
TOTAL	678	40	149	5.9

These figures show that, though 80% of parents in this school would not allow their children to have teeth filled in the school clinics, only 5.9% of the total number of children examined have teeth filled elsewhere. The information was obtained from one school, but this school is typical of the majority of the schools in the City. In three of a small number of schools in purely residential areas, personal observations were that some 80% of the children regularly receive full dental treatment either privately or in the clinics. This reflects the different attitude of parents who appreciate the social value and better health derived from dental care, and who wish to give their children all that life has to offer.

TREATMENT OF HANDICAPPED CHILDREN IN SPECIAL SCHOOLS

The treatment of children, following visits to eight special schools, was carried out during the year. Of the 725 (380) examined in schools, 562 (358) were found to have defective teeth and 405 (321) were offered treatment. There were 102 (77) children examined in the clinics as casual patients. Of the children examined, 356 (182) were treated, 655 (381) temporary and permanent teeth were extracted, 163 (95) fillings were placed in permanent teeth and six children received orthodontic treatment.

This year 68% of the parents accepted treatment compared with 60% for 1956. This has resulted in some children receiving treatment who had not had any for several years. This acceptance rate of 68% compares very favourably with that of 50% being the average figure throughout the schools in the City, and this result is considered to be due entirely to the persuasive efforts of the head teachers and their staffs and the medical personnel attached to these special schools.

Arising from the experience gained with handicapped children, an article on the special requirements and difficulties of deaf children undergoing dental treatment was published in the August issue of the Journal of the British Dental Association.

INCIDENCE OF CARIES

From the inspection of children in schools which have been visited regularly during the last three years, it was found that 76% required treatment. In one school not visited for some years, in 42 children aged five, one in every three teeth was found to be decayed, and only three children were free from caries. In a group of 51 children aged 14 years, an average of 5.2 teeth per child were carious, missing or filled and only one child was free from caries.

Dental treatment does not influence the incidence of caries except that children coming regularly in contact with dental staff will tend to value and care for their teeth. Teeth are subject to decay when carbohydrates and sugars ferment in the mouth to produce acids which attack the mineral constituents of the teeth. Perhaps children in school could be taught something of this and the value of a good set of teeth. If they must be provided with food during the morning and afternoon sessions, perhaps fruit could be offered to them instead of sweets, chocolate and biscuits. If virtue is the art of making the most of oneself and the education of children has this as its object, then the training of children in schools might well include instruction in the maintenance of dental health. The following illustrates how little is taught to children on this subject. A grammar school girl of 17 attended for the scaling of her teeth and treatment of gingivitis. "Will it hurt?" she asked; then, "Will it do me any harm?" The answer being "No", she replied that she would risk it!

Dental decay cannot be prevented but the fluoridation of the public water supplies has reduced the incidence of caries in some areas by as much as 60%. If fluoridation were introduced in Sheffield, the need for dental treatment might well fall within the limits to which it could be provided.

ORTHODONTIC TREATMENT

The resignation of the part-time orthodontist in August resulted in a strict limit being placed on the acceptance of new patients for treatment in the latter half of the year. There seems to be no reason however, why children should not receive treatment provided that their abnormalities do not require extended courses of treatment. At the end of the year some 70 children, previously treated by the orthodontist, were still receiving treatment of a type which will take some time to complete. As these are completed, it can be expected that an appreciable number of other children requiring relatively short courses of treatment will receive it.

Advertisements have failed to produce applications from orthodontists for part-time employment, but it appears that local authorities cannot compete for their services with Hospital Boards who offer them the rank and pay of consultants.

TREATMENT OF PRE-SCHOOL CHILDREN, EXPECTANT AND NURSING MOTHERS.

A total of 205 (174) three-hour sessions were spent on the treatment of mothers and pre-school children, representing approximately 5% of the total number of sessions during which the dental clinics were in use.

It can be seen from the summary of treatment given that there was a considerable increase in the number of patients examined in the clinics and in the treatment given, especially with regard to pre-school children. A total of 526 mothers were actually referred by medical officers of the Maternity and Child Welfare Department for examination and advice, but only 372 kept the appointments given.

SUMMARY OF TREATMENT PROVIDED—PRE-SCHOOL CHILDREN.

NUMBERS PROVIDED WITH DENTAL CARE.

Examined	Needing treatment	Treated	Made dentally fit
202 (115)	170 (98)	165 (97)	150 (87)

FORMS OF DENTAL TREATMENT PROVIDED.

Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Extractions	General Anæsthetics
1 (Nil)	41 (10)	5 (Nil)	332 (256)	153 (103)

SUMMARY OF TREATMENT PROVIDED—EXPECTANT AND NURSING MOTHERS.
NUMBERS PROVIDED WITH DENTAL CARE.

Examined	Needing treatment	Treated	Made dentally fit
372 (324)	367 (318)	268 (234)	233 (177)

FORMS OF DENTAL TREATMENT PROVIDED.

Scalings and gum treatment	Fillings	Extractions	General Anæsthetics	Dentures provided		Radiographs
				Full upper or lower	Partial upper or lower	
53 (83)	148 (120)	2,021 (1,780)	321 (266)	170 (104)	25 (20)	30 (31)

The pre-school children invariably kept their appointments because they attended in almost every case for the relief of pain. Of the 1,622 appointments for the treatment of mothers, 414 were not kept and this, as in previous years, gave rise to a considerable loss of time. It seems inevitable that the majority of the mothers will continue to attend merely for the extraction of grossly carious teeth and the fitting of dentures where necessary, refusing all conservation treatment. This is understandable as those who are interested in preserving their teeth already attend a private practitioner regularly and have no need to attend a clinic as their condition is satisfactory.

DENTAL TECHNICIAN AND THE WORK OF THE LABORATORY.

I am very pleased to report that Mr. L. E. Bennett was successful at his first attempt in passing the Final Examination in Dental Technology of the City and Guilds of London Institute.

The work done by the two technicians is summarised below.

Dentures			Removable appliances	Repairs to removable appliances	Fixed appliances	Repairs to fixed appliances	Study Models	Other Work
Full	Partial	Repairs						
170 (104)	123 (138)	18 (12)	319 (514)	20 (51)	98 (109)	12 (9)	154 (345)	38 (22)

The output is lower than that of last year because fewer appliances were required following the resignation of the orthodontist. A number of useful acrylic models of teeth and children's jaws were made for demonstrating to parents the value of orthodontic treatment and the harmful effects which may result from long continued thumbsucking by children.

OTHER WORK AND TREATMENT

As in other years, several talks were given to groups of future nurses and teachers who visit the Central Clinic during their training period. An address was given to the Young Mothers' Group of St. Alban's Vicarage, Darnall, and also to the Parents' Association of the Maud Maxfield School for Deaf Children. Two occupational centres of the Public Health Department were visited and the treatment required was carried out in the Central Clinic.

In the summary of treatment for the year, a large number of items are grouped together under the heading " Other Operations " and these are given below with details of the treatment supplied.

Scalings and Gum treatment	..	..	..	..	..	..	..	1,593
Dressings	..	..	..	..	..	..	..	1,698
X-rays	..	..	..	..	..	..	..	355
Miscellaneous items including minor orthodontic treatment							..	1,048
Silver nitrate treatment	..	..	..	..	..	..	..	18
Crowns	..	..	..	..	..	..	..	4
Root fillings	..	..	..	..	..	..	..	10
Gold inlays	..	..	..	..	..	..	..	4
Apicectomies	..	..	..	..	..	..	..	8

For the filling or extraction of teeth, 2,574 local anæsthetics were given and 92 partial dentures were fitted during the year for a total of 72 children.

SUMMARY

Although more children have been examined in schools this year than for a considerable time, it cannot be reported that any progress has been made towards providing a service to cover the needs of all the children in the City. It is expected that in 1958, surgery accommodation will be available for the employment of one or more additional officers. The duty of school dental officers in stimulating an interest in dental health has been officially stressed yet there are difficulties present in supplying the immediate need for treatment and an increased demand for it cannot be met.

The School Dental Service has received a great deal of help from other sections of the Education Department and this has been appreciated very much. There are a number of head teachers who have given more assistance than anyone would have a right to expect. The difference this makes in the attitude of both parents and children towards dental treatment is remarkable and it always gives additional pleasure to treat children from their schools.

ORTHOPAEDIC AND POSTURAL DEFECTS

The orthopaedic clinics followed the usual pattern, the greatest number of children having minor defects. 433 children were seen and only 35 of these had a defect of such a degree that transference to hospital was found necessary.

A summary of the cases is given below :—

Conditions									Number of cases attended
Cerebral palsy	..	..	..	..	..	..	..	..	5
Poliomyelitis (paralytic)	..	..	..	..	..	..	..	..	1
Metatarsalgia	..	..	..	..	..	..	..	..	1
Synovitis knee	..	..	..	..	..	..	..	..	1
Ganglion foot	..	..	..	..	..	..	..	..	1
Pes cavus	..	..	..	..	..	..	..	..	7
Pes planus	..	..	..	..	..	..	..	..	105
Pes valgus	..	..	..	..	..	..	..	..	48
Genu valgum	..	..	..	..	..	..	..	..	57
Congenital deformities :—									
Talipes	..	..	..	..	..	..	..	..	2
Dislocation hip	..	..	..	..	..	..	..	..	1
Claw toe	..	..	..	..	..	..	..	..	9
Torticollis	..	..	..	..	..	..	..	..	2
Short leg	..	..	..	..	..	..	..	..	1
Claw foot	..	..	..	..	..	..	..	..	3
Adduction of toes	..	..	..	..	..	..	..	..	6
Scoliosis	..	..	..	..	..	..	..	..	9
Kyphoses	..	..	..	..	..	..	..	..	7
Hallux rigidus	..	..	..	..	..	..	..	..	10
Hammer toe	..	..	..	..	..	..	..	..	6
Hallux valgus	..	..	..	..	..	..	..	..	29
Overlapping toes	..	..	..	..	..	..	..	..	2
Deformed toes	..	..	..	..	..	..	..	..	5
Foot strain	..	..	..	..	..	..	..	..	12
Exostosis tibia	..	..	..	..	..	..	..	..	1
Exostosis os calcis	..	..	..	..	..	..	..	..	1
Exostosis metatarsal	..	..	..	..	..	..	..	..	1
Others	..	..	..	..	..	..	..	..	51
Nil abnormal found	..	..	..	..	..	..	..	..	49
CASES									433
ATTENDANCES									567

Number of new cases	..	..	..	..	..	..	218
Number of old cases	..	..	..	..	..	..	215
Number of cases discharged		..	..	..	..	..	187
Number of cases transferred to hospital	..		..	..	..	..	35
Number of operations advised	..	..	..	..	..	..	8
Number of operations performed	..	..	..	..	..	..	3
Number of new appliances ordered		..	..	..	..	..	198
Number of repairs to appliances	..	..	..	..	..	..	37
Number of cases receiving treatment		..	..	..	..	..	145
Number of cases under observation		..	..	..	..	..	288

KING EDWARD VII ORTHOPÆDIC HOSPITAL AND ORTHOPÆDIC CLINICS

Dr. Herzog has supplied the information on which the following is based :—

HOSPITAL :—

<i>In-patients.</i>	1956	1957
Number of school children treated for non-tubercular conditions	82	87
Number of school children treated for tuberculosis of bones and joints	11	10

Out-patients.

Number of attendances made	132	891
------------------------------------	-----	-----

CLINICS :—

New cases of school children who attended this year	6	5
Number of attendances made	1,435	481

The Corporation Street Baths are no longer used for the treatment of poliomyelitis, pool treatment being now given at King Edward VII Hospital. This explains the increase shown in the out-patient attendance there.

Dr. Herzog attributes the decrease in the clinic attendances to two factors, the low incidence of poliomyelitis in 1956, and the replacement of regular treatment by long-term supervision for children from the earlier epidemics.

CHIROPODY CLINIC

This clinic continues to be well attended. 600 new and 18 old cases were treated during the year, involving 1,356 attendances. At the end of the year 16 children were still in attendance.

HEART DISEASES AND RHEUMATISM

Dr. J. Lorber, the pædiatrician, who attends this clinic fortnightly or as often as the work demands, submits the following report :—

“ During 1957, 130 children were seen at the School Heart Clinic and the total number of attendances was 154. There were 44 new patients and of these 29 were considered to have normal hearts, either with or without a functional cardiac murmur.

The most important group of patients with organic disorders were those with congenital malformations of the heart. There were 8 new and 33 old cases during the year. Most of them were further investigated in appropriate centres and operative correction of the deformity was undertaken in 4 children during the year.

The well-known decrease in the incidence of rheumatic fever is reflected in the small number of children who attended the clinic with this diagnosis.”

Condition	New cases	Old Cases	Attendances
1. Rheumatic pains or Arthritis—			
(a) With heart affection	—	5	8
(b) Without heart affection	—	2	2
2. Rheumatic Chorea—			
(a) With heart affection	1	3	4
(b) Without heart affection	—	—	—
3. Rheumatic Heart Disease without (1) or (2) above	3	16	24
4. Congenital Heart Disease	8	33	48
5. Functional Heart Disorder	15	9	25
6. No Rheumatism or Heart Disease or Disorder	14	4	21
7. Recent Rheumatism. No longer active. No Carditis.	3	14	22
TOTALS	44	86	154

CHEST CLINIC

Dr. Midgley Turner's report on the work in relation to school children follows :—

“ The work of the Chest Clinic amongst tuberculous school-children and suspects continues to be carried out in close co-operation with the School Medical Department.

The names of all children, who are known to have been in contact with infectious cases of tuberculosis in their homes, are supplied to the School Medical Officer. By this means the School Medical Officer is able to keep these children under specially close supervision. During 1957, 121 of these contacts were reported to the School Medical Officer.

The Contact Clinic for both children and adults is on Friday mornings. At this Clinic children are given a preliminary tuberculin test, using the multiple puncture apparatus. If the test is negative, B.C.G. vaccination is offered and if the test is positive the child is X-rayed. A large number of children are now also being referred for tuberculin testing as contacts of their elder brothers or sisters, who have been tuberculin positive when tested at school-leaving age. This is being done in order to try to track down the infectious cases of tuberculosis in the community which are responsible for the spread of the disease. This examination of the families of positive reactors to tuberculin is also now to be extended to the cases discovered when school entrants are tuberculin tested.

A supervisory clinic for children under observation or treatment for tuberculous infection is now held on Wednesday afternoons.

During the year, 3,606 attendances were made by school-children at the Chest Clinic, exclusive of new cases. These were made up of 285 attendances of notified cases of tuberculosis and 3,321 attendances of children for observation.

NEW CASES. The number of new cases of school-children examined at the Chest Clinic was as follows :—Notified cases of tuberculosis of the lungs 4, contacts 727, and suspicious cases 293. Of the latter, 29 were sent by the School Medical Officer.

In connection with the examination of school-children 1,892 X-ray films were taken.

During the year, 8 notified and 34 suspicious cases were admitted into sanatorium for observation and treatment. A Mantoux test is carried out on all children admitted to sanatorium for either observation or treatment. In addition 344 Mantoux tests and 2,172 multiple punctures were carried out at the Chest Clinic, mainly on contact children.

The number of notifications of tuberculosis in school-children received was :—

PULMONARY Males ..	..	11	NON-PULMONARY Males..	..	6
Females ..	..	12	Females ..	..	4

Tubercle bacilli were found in the sputum or pleural fluid of four school children.

The scheme for B.C.G. vaccination of child contacts of cases of tuberculosis has been continued. During 1957, 380 school-children were given B.C.G. vaccination.

On the 31st December, 1957, there were 260 notified school-children, and 1,948 suspect school-children on the Clinic Register.

With the improvement in housing conditions and the reduction in the incidence of primary tuberculosis in children, which requires treatment, there has been no necessity to request places at the Open Air Schools during the year for tuberculous children."

B.C.G. VACCINATION AGAINST TUBERCULOSIS

Dr. Jepson, Assistant to the Medical Officer of Health, submits the following report :—

“ During the year 1957, the scheme for the B.C.G. vaccination of school-children has been continued. The programme for the vaccination of school leavers (aged 13–14 years) which had been commenced in September, 1956, was completed by holding a number of defaulter sessions during the Spring term of 1957, and the programme for the school year 1957–8 was commenced in the Autumn term of 1957. In addition to this, during the Summer term of 1957, a number of Infant schools were visited, and the school entrants (aged 5 years) were skin-tested. This was somewhat in the nature of a preliminary survey in order to gain information with regard to the positive reactor rate amongst children of this age, and to give some indication as to whether it would be of value to make such skin-testing a routine procedure. To some extent, both programmes were affected by epidemics—measles during the early months of the year, and influenza in the autumn term, which resulted in the absence of a considerable number of children, but it is hoped that by the end of this school year, all these children will have had a further opportunity to be skin-tested and vaccinated if necessary.

The follow up of positive reactors in both groups of children has been continued ; all these children have been offered appointments to be X-rayed either at the Mass Radiography Centre or at the Chest Clinic, and an attempt has been made to visit the homes in order to discover, if possible, any potential source of infection, and also to offer opportunities for X-ray to the parents, and other members of the family.

B.C.G. VACCINATION OF SCHOOL LEAVERS.

The figures for the year 1957–8 are compared with those of the two preceding years, when comparable numbers of children were tested.

SCHOOL YEAR	1955-56	1956-57	1957-58
Eligible 13 year olds	6,330	6,284	7,590
Consents received	4,491	4,743	6,387
Consent rate	70.9%	75.5%	84.3%
Absent	150	105	213
Withdrawn	13	11	16
Already had B.C.G.	13	110	251
Number skin tested (excluding those who have had B.C.G.)	4,315	4,517	5,907
Positive.. .. .	1,122	1,073	1,080
% positive	26.0%	23.8%	18.3%
Negative	3,193	3,444	4,827
% negative	74.0%	76.2%	81.7%
Number vaccinated	3,192	3,444	4,678

COMMENTS

1. The figures for the year 1957-8 when compared with those of the two preceding years show interesting trends.

2. The number of parents who consented to their child being vaccinated has shown an increase of almost 9% over last year's number ; eight or nine schools produced a 100% consent rate. I think that this is indicative of a greatly increased awareness on the parent's part of the value of vaccination at this age, and there have been many signs that this is a question to which they are giving much serious thought.

3. The rather high absentee rate can be accounted for by the epidemic of influenza in the first half of the autumn term. It has been gratifying to note how many parents have been most anxious that a further opportunity, for the children to be vaccinated should be available.

4. There is a further increase in the number of children who have had B.C.G. previously. Most of these children were skin-tested during the visit to the school to ensure that the B.C.G. vaccination was still effective, and where a negative result was obtained, further vaccination was offered. The percentage of positives in the preceding table does not include those children who had previously had B.C.G.

5. The percentage of positive reactors is 5.3% less than in the previous year ; such a reduction points to a decreasing level of infection in the general population.

6. Out of 4,827 negative reactors, 4,678 have been vaccinated. The remaining 149 have been in the process of being vaccinated against poliomyelitis and it was felt advisable to defer the B.C.G. vaccination until this had been completed.

7. There has again been excellent co-operation from all the schools, both in the matter of facilitating the practical working of the scheme and also in their own enthusiasm for it, which I feel certain has been communicated to the children and their parents.

FOLLOW UP OF POSITIVE REACTORS (SCHOOL LEAVERS)

Of the 5,907 school leavers who were skin-tested for the first time this year, 1,080 were positive reactors, and of these 1,071 have been followed up.

SEX DISTRIBUTION

Male	..	..	..	575
Female	..	..	..	496
				1,071

SKIN TESTING

The method of skin-testing used was that of multiple puncture, using a Heaf gun. The degrees of the positive reaction have been recorded as suggested by Heaf.

Small papule at each puncture	..	..	..	..	1
Ring of induration	..	..	..	..	2
Solid weal	..	..	..	..	3
Larger ring of induration	..	..	..	..	4
Vesicle formation	..	..	..	..	4+

The reactions were found as follows :—

1	..	..	..	236
2	..	..	..	234
3	..	..	..	242
4	..	..	..	251
4+	..	..	..	94
Unclassified	..	..		14
				<u>1,071</u>

X-RAY

All the positive reactors were offered appointments to have a chest X-ray.

X-RAY FINDINGS

SCHOOL YEAR	1955-56	1956-57	1957-58
No. X-rayed	818	1,012	1,004
% X-rayed	72.1%	94.3%	93.8%
No Pulmonary lesion	769	964	962
Miscellaneous, non-active and healed lesions	46	46	37
Active lesions	3	2	2

The miscellaneous lesions included 2 cases of congenital heart abnormality and 2 cases of bronchiectasis. 57 children were recalled for the purpose of a large film being taken.

In the case of each positive reactor, the home has been visited by a Health Visitor, who has interviewed the parents and explained the purpose of the investigations. The purpose of the visit is twofold—the immediate family and any close contacts of the positive reactor are urged to avail themselves of the facilities afforded by the Mass Radiography Centre and the Chest Clinic, and an attempt is made to gain some details of the history of the family, especially with regard to known or doubtful cases of tuberculosis with whom the child may have been in contact. So far, 898 families have been interviewed, some visits are still outstanding and in other cases, circumstances such as residence outside the city boundary have made investigation not possible.

CONTACTS

A total of 2,987 contacts was gained from the 898 households visited :—

Immediate family contacts (parents, brother or sister) ..	2,377
More distant contacts (grandparents, uncle or aunt, friends)	610
	<u>2,987</u>

X-RAY OF CONTACTS

Total contacts	2,987	
Number recently X-rayed	326	} 415
Number regularly attending Chest Clinic	89	
Number advised to attend for X-ray	2,454	
Actual number attending	593	
% Attendance	24.2%	

A number of younger children in the families were skin-tested at the Chest Clinic ; where the skin test was negative, B.C.G. vaccination was offered, where positive, the chest was X-rayed.

RESULTS OF X-RAYS

No lesions found	568
Non-active lesions	24
Active	1

Out of the 1,024 brothers and sisters of the positive reactors, the tuberculin reactions of 145 are known ; these have been determined at the Chest Clinic as a result of these or other contact investigations or as part of the school entrants or school leavers programmes.

	+ve	—ve
Younger brother or sister	14	76
Older brother or sister	11	44
	<u>25</u>	<u>120</u>

Of the 120 negative reactors, 44 are known to have received B.C.G.

SKIN TESTING OF SCHOOL ENTRANTS

The procedure followed in the skin-testing of school entrants varied a little from that used in dealing with school leavers. It was felt that in addition to gaining information with regard to the positive reactor rate in this group, one of the values of this scheme would lie in the opportunity of discussion with parents. A large proportion of parents attended on each of the two visits to the schools ; on the first visit, the parents were met as a group, the purpose of the scheme was explained to them and any questions answered. On the second visit when the skin test was read, the parents came in with the children and any individual problems were discussed. If there

was any history of Tuberculosis amongst relatives and friends, or if any parent had any special reason for wishing B.C.G. vaccination for the child, this was arranged through the Chest Clinic or the Children's Hospital.

Eligible 5 year olds	3,172
Consents received	2,316
Consent rate	73%
Absent	433
Withdrawn	10
Already had B.C.G.	113
	556
Number skin tested (excluding those who had had B.C.G.)	1,760
Positive	32
% Positive	1.8%
Negative	1,728
% Negative	98.2%
Number vaccinated	19

COMMENTS

1. The consent rate was not so high as in the School leavers group (see Table) but it must be remembered that this is the first year in which school entrants have been tested. The school leavers scheme has now become an accepted part of the routine school life, but with a new venture, a certain amount of doubt is inevitable.

2. The large proportion of absentees is due mainly to the measles epidemic.

3. A considerable number of children had already had B.C.G. elsewhere, and it is likely that this number will increase. These children were also skin-tested to ascertain whether the vaccination was still effective.

4. The low rate of positive reactors is notable.

The 32 Positive reactors were followed up in the same way as those of the school leavers scheme.

X-RAY RESULTS

Normal chest	15
Non-active lesions	12
Active lesions	0
Did not attend	5
	32

SOURCE OF INFECTION

In 12 cases, the source of infection was known, in 20 cases, no source could be traced, and no new sources of infection were brought to light as a result of the investigation.

KNOWN SOURCES OF INFECTION

Household

Parents	2
Other relatives	2
	4

Non-Household

Friends	5
Aunts or Uncles	2
Grand-parents	1
	8

CONTACTS

A total of 112 contacts was listed, 71 of whom belonged to the immediate household, 41 being more distant contacts.

X-RAY OF CONTACTS

Number previously X-rayed	13
Number X-rayed as result of investigation	66
Normal chest	58
Non-active lesions	8
Active lesions	0

SKIN TESTS OF YOUNG CONTACTS

There were 34 contacts under 16 years of age amongst the 112 listed; the skin reactions of 29 of these were known.

+ve	4
—ve	25
Had or given B.C.G.	12

This scheme would have seemed to be of value in :—

- (1) indicating the low positive reactor rate amongst children of the 5 year old age group;
- (2) affording opportunities for explaining the system to parents;
- (3) the offering of B.C.G. vaccination where protection was thought necessary.

It is hoped that during the next Summer term, special attention will be focussed on the Infant schools in the districts where the school leaver positive reactor rate has been found high.

SOURCE TRACING

In the 898 families investigated, there were 292 families in which there had been at one time or other during the child's lifetime a potential source of tuberculous infection. In addition to this, several families had a history of relatives dying from tuberculosis before the child was born and in 58 families

there was more than one possible source of infection. 35 of the positive reactors were known to have had some form of tuberculosis, e.g., tubercular glands or bone in the past.

The contacts were divided into household and non-household contacts and the sources of infection were graded in degrees of probability.

- 1. Probable—the suggested source is likely to be the true source.
- 2. Possible—the connection is less certain.
- 3. Remote—the connection is not proven.

Source	Probable		Possible		Remote		TOTAL
Household	82	..	20	..	4	..	106
Non-Household	103	..	66	..	17	..	186
	<u>185</u>	..	<u>86</u>	..	<u>21</u>	..	<u>292</u>

Percentage of cases in which the source of infection was known is 32%.

RELATIONSHIP OF SOURCE

Mother or Father	..	..	..	..	..	85
Brother or Sister	..	..	..	..	..	17
Grandparent	..	..	..	..	..	27
Aunt or Uncle	..	..	..	..	..	89
Other relations	..	..	..	..	..	16
Neighbours	..	..	..	..	..	58
						<u>292</u>

COMMENTS

1. The response of contacts to the opportunity to be X-rayed is again disappointing, although it would seem that an increasing number of people are being X-rayed regularly at work. One active lesion was found.

2. Where the tuberculin reactions of brothers and sisters are known, it is seen that of the 145, 120 cases are negative, suggesting that in these families the positive reactor tends to become infected from sources outside the family circle.

3. In this connection, the analysis of the sources of infection is interesting; if we exclude mother or father, it is uncles and aunts rather than “grandfather coughing in the corner” who are quite a common source, followed fairly closely by the neighbour whose potential danger has been recognised probably only when the damage has been done.

GENERAL COMMENTS

1. Although the two sets of numbers of children tested are not strictly comparable, the rise in the positive reactor rate from 1.8% in the 5 year old group to 18.3% in the 13 year old group is striking and affords evidence of the increased chances of infection to which the child is liable as he emerges from the more or less confined family circle of his young days to the wider circle of later schooldays, with their ever-increasing contacts.

2. I feel that in view of the disappointing results of contacts being asked to attend for X-ray, we ought perhaps to try to discover some way of encouraging a more progressive attitude on the part of the parents and friends with regard to themselves. As stated earlier, there does seem to be an increasing desire to co-operate with regard to the child being examined and vaccinated, but this stops short there. I feel that there may be a need for a fuller explanation to the parents on the significance of the positive reaction, so that without alarming them unnecessarily, an increased knowledge as to its nature may overcome both the lack of appreciation of the need for X-ray especially when the family is apparently healthy, and the understandable reluctance to disclose names of any possible sources of infection.

3. The work involved in following-up the contacts of the positive reactors has once again been undertaken by the Health Visitors ; it is not an easy task, often necessitating in these days of working mothers, several visits and their co-operation is greatly appreciated."

CHILD GUIDANCE CENTRE

Mr. N. E. Whilde, the Psychologist-in-charge, reports as follows :—

" The number of children referred during 1957 (361) was equal to the average of the previous five years, the record high number of 1956 (423) not being maintained. The usual excess of boys (234) over girls (127) was evident; though in the appended figures under " Reasons for reference " boys and girls are not shown separately, this excess extends to each of the categories there shown.

Only fifteen children this year were referred for symptoms which would place them in the " Nervous Disorder " category, whereas the average for the previous ten years has been ten per cent. It has always been felt that this figure has been an inadequate representation of such problem children in the City and it can hardly be believed that only fifteen of them could be found during the year. Children in this category may be very inadequate to face life, but it would appear that because they do not present a problem at school or to society which has nuisance value, they are not considered to be in need of help. Head teachers and others are urged to consider whether children of this type are not being passed over.

As regards the age of children referred, the range extended from three to sixteen years ; one quarter were under about seven and a half years, one half were under nine years, whilst three quarters were under about eleven years.

A further ninety-two children were added to the investigation of educationally subnormal children. This is a long term investigation of children transferred to schools for the educationally subnormal. They are to be re-examined every two years and a watch kept on their mental growth.

Three hundred and ninety-three cases were closed during the year, rather more than the number of cases opened and thereby overtaking some of the leeway due to the exceptional number of cases referred in the previous year. The intelligence range of these children was from exceptionally bright to exceptionally dull. The appended figures show that the distribution is slightly biased on the dull side (medium I.Q. 94) though one quarter of the children had intelligence quotients of over 111.

The figures given in this report relate only to children whose cases are registered at the Centre and for whom a file is opened. A good deal of work is done to help teachers and others in a less formal way, during school visits, over the telephone and by visits of teachers and social workers to the centre. Two hundred children were examined in school by group tests of intelligence and attainment to assist head teachers with problems of classification, etc., and several hundred more were examined for similar purposes by less substantial investigations.

Talks have been given throughout the year to parent groups, teachers in training, social studies students and doctors, and reciprocal contact and support has been maintained with the Probation Department, Children's Department and Education Welfare Department.

NUMBER OF CASES REGISTERED DURING 1957.

Girls	..	..	..	..	..	..	..	127	
Boys	..	..	..	..	..	..	..	234	
									361
E.S.N. Investigation (38 girls, 54 boys)	..	..			..	..		92	
									453
					TOTAL..		..	..	

ANALYSIS OF CASES DEALT WITH :—

Cases closed 1957	..	..	..	..	..	384	
E.S.N. cases closed	..	..	..	..	..	9	
							393
Cases open 31st December, 1957	..	..	..	..	..	242	
E.S.N. cases open	..	..	..	..	..	212	
							454
Cases on waiting list 31st December, 1957	..	..	..	..	..	10	

REASONS FOR CLOSING CASES IN 1957.

Did not attend at all	..	..	..	..	..	..	9
Consultations only	..	..	..	..	..	..	277
Consultations only E.S.N cases			..	..	..	..	9
After supervision	..	..	..	..	..	..	286
							52

TREATMENT CASES.

Further attendances impossible	..	..	..	..	..	8
Patient unco-operative	..	..	..	..	..	1
Parent unco-operative..	..	..	..	..	..	5
Transferred to other treatment	..	..	..	..	..	1
Treatment completed ..	..	..	..	..	..	31
			TOTAL..	..		393

ANALYSIS OF CASES OPEN ON 31ST DECEMBER, 1957.

Under treatment	..	..	..	..	..	..	67
Under supervision	..	..	..	..	..	..	89
Under supervision E.S.N. cases	..	..	..	..	..	212	301
Under investigation	..	..	..	..	..	..	13
Awaiting treatment (investigation complete)	..	..	..	..	..	..	73
TOTAL..							454

*REASONS FOR REFERENCE OF ALL CASES

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	E.S.N. investigation	Total
Number of children ..	15	33	92	221	92	453

SOURCES OF REFERENCE

	Head Teacher	Parents	School Medical Officer	Speech Therapist	Juvenile Court	Private Doctor	Hospital	Others	Total
Number of children ..	211	22	136	18	9	10	28	19	453

AGE RANGE ON REFERENCE

Age	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
Number of children	—	2	7	23	50	84	69	68	48	36	32	15	11	5	3	—	453

INTELLIGENCE QUOTIENT RANGE OF ALL CASES
CLOSED DURING THE YEAR

70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
27	44	82	77	46	46	35	17	10	384

* Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance."

SUMMARY OF WORK OF THE SCHOOL NURSING SISTERS
AND NURSING ASSISTANTS

IN THE SCHOOLS—

Attendance daily with the Medical Officers at Periodic Health Inspection.							
Examination of children under cleanliness scheme—Boys						72,664	
Girls						81,652	154,316
Examination of children for “ following up ”							1,547
Examination of children for investigation of outbreak of infectious diseases							5,911
Examination of children for other purposes							9,481
Attendances for breathing exercises							4,660
Weighing and measuring							66,079
Number of visions tested							21,296
							263,290
Number referred to clinics							3,553
Number of visits to schools							12,853

IN THE CLINICS—

	EYE TREATMENT		EAR TREATMENT		MINOR DRESSINGS	
	Cases	Attend-ances	Cases	Attend-ances	Cases	Attend-ances
Attercliffe ..	165	353	271	1,804	1,478	4,892
Central ..	70	178	166	1,121	627	2,606
Handsworth ..	15	35	81	451	162	648
Heeley ..	134	282	155	524	829	2,831
Hillsborough ..	98	241	151	1,333	1,604	3,758
Manor ..	53	109	146	772	819	4,386
Nursery Schools	137	329	86	269	2,497	5,470
Pitsmoor ..	237	564	199	1,643	1,077	3,389
Shiregreen ..	108	333	120	467	897	2,788
Southey Green..	38	68	41	107	443	827
Special Schools	155	2,158	136	1,162	3,498	8,961
Wisewood ..	103	239	120	467	509	1,960
Woodhouse ..	8	17	30	92	59	261
Wybourn ..	120	322	91	913	1,721	4,996
TOTALS ..	1,441	5,228	1,793	11,125	16,220	47,773

IN THE HOMES—

Visits for “ following up ”		..	..	..	..	586
,, neglect, uncleanliness, etc.		..	..	..	..	255
,, various purposes		..	..	..	..	1,366
					2,207	

CLEANLINESS SURVEY

All those concerned with inculcating good habits of cleanliness into the population become disheartened from time to time, as inevitably the rapid progress of the past has ceased, and the improvement from year to year has become almost imperceptible. The lack of personal cleanliness in an individual can have an adverse effect on the group, as is shown in the striking example of the careless food handler responsible for food poisoning in the

consumers. The injurious physical and psychological effects resulting from uncleanliness and general neglect are usually confined to the child concerned, but the presence of head lice is the most objectionable form of uncleanliness as other children can so readily become infected. This incidentally is the only form of infestation now found among school children ; fleas and body lice which were met with some twenty years ago are now never seen here.

In 1957 at the hygiene examinations in Sheffield which take place without previous notice to the parent 2.86% boys and 8.73% girls had infected hair. The standard is admittedly a high one in that if one single nit is found the child is not deemed to be clean, and the degree of infestation is undoubtedly very much less than that of say ten years ago, but nevertheless the lack of more spectacular progress causes disquiet. This incidence of infestation although not satisfactory, is only achieved by unremitting toil on the part of the school nursing sisters and their assistants. The hygiene of a family cannot be considered in isolation as it is affected by their intelligence, family tradition and indeed their whole cultural pattern. In other words the hygiene will only be improved by raising the whole family to a better social level.

The following two examples of work done by a school nurse, and a nursing assistant, illustrate the difficulties that are met and the gradual progress that is made. In October 1954 on a new estate the children in the infant and junior school were all clean. The population was, however, fluid, as new families arrived when more houses were completed, and later, a second Junior and Infants School was built. By December, 1956, a total of one hundred and fifty children from infected families had been received into the area. As now they all were living in modern houses with all conveniences, and were attending new schools with good facilities for hygiene, they seemed a very suitable group for intensive training, so a great effort was made by the nursing assistant by all our usual methods. She was rewarded by finding that by December, 1957, 119 of the children who formerly had had infested hair had now been clean for a whole year ; the remaining 31 had improved considerably but still from time to time were found with nits. It will be interesting to see if in time this small group who have not responded fully, will also improve, until such a thing as a nit is once more unknown on the estate.

In a secondary modern school drawing its girls from a mixed social group, housed in either new houses or older type with fair conveniences, it was disappointing to find that the incidence of nits in the hair was relatively high. The usual printed notices sent to the parents via the girls appeared to have had very little result, and it was indeed doubtful if the parents even received them. Home visits had also not met with success. On an examination in June, 1957, out of a total of 627 girls examined 34 had nits, which varied in number from an odd one to a more severe infection. It was realised that these girls came from families who had resisted all previous efforts to improve their

state ; throughout the Junior and Infant schools their mothers must have received numerous letters and exhortations to which they had become indifferent. The school nursing sister then decided to try a different approach of a more personal nature to the girls themselves as "seniors," and for the time being not to approach the mothers at all. In a confidential friendly talk with each girl, an invitation was given to attend the local clinic on a Saturday morning, so that the girl could be shown how to deal with the problem herself. Most of the girls attended willingly and were co-operative ; but a few were indifferent or stubborn, and the headmistress's help had to be sought, before they too attended. At the last examination 14 had remained clean for nine weeks, 17 now had only an odd nit, and three still had a number of nits.

These projects could therefore be considered very successful. They demonstrate the point that unsatisfactory hygiene has a close relationship with unsatisfactory houses and schools without proper hygiene facilities, and that when these are rectified health education becomes more effective.

The following figures give the results of the hygiene examinations :—

(a) *Numbers relating to Individual Pupils :—*

(i) Pupils examined		Boys	..	31,218		
		Girls..	..	31,079		
						62,297
(ii) Pupils found to be infested with nits or head lice (including those with one single nit).		Boys	..	894	(2·86%)	
		Girls..	..	2,713	(8·73%)	
						3,607 (5·79%)

(b) *Numbers relating to Examinations :—*

(These may include many reviews of the same child).

(i) Examinations :—		Boys	..	..	..	72,664		
		Girls	..	..	..	81,652		
								154,316
(ii) Found to be dirty :—		Boys	..	..	..	633	(0·87%)	
		Girls	..	..	..	300	(0·37%)	
								933
(iii) Found to have verminous clothing		..	..	..	..	—		
(iv) Heads cleansed at the clinics :—		Boys	..	..	..	160		
		Girls	..	..	..	694		
								854
(v) Found to have bad clothing :—		Boys	..	..	..	31	(0·04%)	
		Girls	..	..	..	23	(0·03%)	
								54 (0·03%)
(vi) Found to have bad footwear :—		Boys	..	..	..	38	(0·05%)	
		Girls	..	..	..	11	(0·01%)	
								49 (0·03%)

It should be noted that out of the total number of examinations it was found necessary in the worst cases of uncleanness to send a special card of instructions to parents of 735 boys (1.01 per cent.) and 2,129 girls (2.61 per cent.) and second and third ones to a further 268 boys and 626 girls. Of these, 854 (160 boys and 694 girls) were cleansed at the clinics in accordance with the usual practice.

INFECTIOUS DISEASES

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown below. These numbers do not give complete cases, but are sufficiently indicative of the trend of infection. Those applying to scarlet fever, meningitis, dysentery and measles are the confirmed cases from the notifications.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL	
					1957	1956
Measles	317	1,336	113	5	1,771	58
German Measles	2,812	2,327	511	92	5,742	813
Whooping Cough	169	98	29	10	306	382
Chicken Pox . .	817	586	282	134	1,819	2,006
Mumps	248	204	128	409	989	628
Scarlet Fever . .	132	101	73	143	449	462
Meningitis . .	—	—	2	1	3	14
Dysentery . .	163	117	49	86	415	491

DIPHTHERIA

None occurred for the eighth successive year but it is useful to recollect that in 1938 there were as many as 824 cases in the City.

MEASLES.

A widespread epidemic of measles occurred, being the largest for many years. The weekly numbers increased from the beginning of March to reach their maximum in June. They then declined, to return to normal in the middle of August. The educational services were naturally dislocated most in the infant schools because of the high absence rates. Fortunately the majority of the children made a quick recovery.

GERMAN MEASLES

In the first two quarters of the year German measles also reached epidemic proportions.

INFLUENZA.

A sharp epidemic of influenza occurred, the incidence in school children rising rapidly during September and returning to normal in the middle of October. At one point nearly 50 schools had a third or more children absent. Absence of teachers also created some problems. Because of the prevalence of influenza, parents wisely tended to keep their children at home if they had any respiratory infection at all. It is sad to relate that there were two deaths in children of school age, a boy aged 9 and a girl aged 14 years.

All three residential schools were affected ; the children were ill for four to seven days and a few had accompanying bronchitis, but all recovered satisfactorily.

ACUTE POLIOMYELITIS

The Medical Officer of Health has supplied the following information. There were only three confirmed cases of poliomyelitis in children of school age, which occurred in three different wards. This compares with 17 cases in 1956, and 52 in 1955. Fortunately there were no deaths.

Details of age, sex, development of paralysis, and month of occurrence are given below :—

		CHILDREN AGED					
		5—9 years		10—15 years		5—15 years (Total)	
		Boys	Girls	Boys	Girls	Boys	Girls
Paralytic cases		2	—	1	—	3	—
Non-paralytic cases	..	—	—	—	—	—	—
		2	—	1	—	3	—
		3				3	

Months of Occurrence :—

January	..	..	..	1
November	..	..	..	1
December	..	..	..	1

Apart from the above children of school age there have been 12 other cases of poliomyelitis in the City ; six were in children under school age and six in persons over this age.

POLIOMYELITIS VACCINATION

The Ministry of Health Circular 2/56 introducing vaccination against poliomyelitis for children in specified age groups was approved by the City Council in February, 1956, and by arrangement with the Medical Officer of Health, the School Health Service undertook the vaccination of those children attending county schools. In November, 1957, the Ministry of Health Circular 16/57 extended this to all children under fifteen years. Sufficient material was available to vaccinate by two injections 1,507 children in 1956 and 13,418 in 1957.

IMMUNIZATION AGAINST DIPHTHERIA

For the eighth successive year diphtheria has been absent from the City. In view of this there is a real danger that parents, being unfamiliar with the disease and its serious after effects, may tend to neglect having their children immunized. Every effort is therefore made by the staffs at the schools and clinics to encourage a larger number of acceptances.

Approximately 79 per cent. of children aged 5 years have been immunized.

PARTICULARS OF WORK DONE IN 1957*(a) Primary Immunization.*

Number of children who have received complete treatment—

Children under five years of age	..	..	..	..	..	309
Children five to fifteen years	..	..	..	..	..	872
Number received part treatment	..	..	..	..	..	200
Number of children who have attended for treatment	..	..				1,381

(b) Stimulating or Reinforcing Doses.

Number of letters forwarded 4,487

Number of acceptances—

Own doctor	..	..	..	..	..	1,035
School Clinic	..	..	..	..	..	1,321
						2,356
Additional number referred from other sources	..	..	..			796
Total number treated	..	..	..	..	..	2,117

PARTICULARS OF WORK DONE SINCE 1953.

(a) *Primary Immunization.*

Number who have received complete treatment during	1954	..	1,182
„ „ „ „	1955	..	573
„ „ „ „	1956	..	831
„ „ „ „	1957	..	1,181

(b) *Stimulating or Reinforcing Doses.*

Number of stimulating doses given during	1954	..	..	..	3,161
„ „ „ „	1955	..	..	..	1,578
„ „ „ „	1956	..	..	..	2,270
„ „ „ „	1957	..	..	..	2,117

PHYSICAL EDUCATION

Close co-operation exists between the School Health Service and those engaged in physical education. In particular, individual reports are made on children submitted for an opinion as to their suitability for various types of physical activities. During the general medical examination, this consideration is always borne in mind and head teachers are informed when restrictions are considered necessary.

The school health staff naturally take much interest in this part of education which plays a marked share in the development of the child.

The report on this year's activities will be found in the Appendix on pages 85 to 96.

NURSERY SCHOOLS AND CLASSES

The accompanying table shows the heights and weights of the nursery school children examined at periodic health inspection :—

HEIGHTS									
NURSERY SCHOOLS AND CLASSES									
Boys					GIRLS				
Age	1955 Inches	1956 Inches	1957 Inches	Number examined 1957	Age	1955 Inches	1956 Inches	1957 Inches	Number examined 1957
2	35.36	35.36	35.78	28	2	35.21	35.13	35.13	29
3	37.9	37.89	37.94	204	3	37.61	37.55	37.46	161
4	39.73	39.96	40.	209	4	39.83	39.59	39.52	168

WEIGHTS									
NURSERY SCHOOLS AND CLASSES									
Boys					GIRLS				
Age	1955 Pounds	1956 Pounds	1957 Pounds	Number examined 1957	Age	1955 Pounds	1956 Pounds	1957 Pounds	Number examined 1957
2	29.85	30.47	30.71	28	2	28.81	29.06	29.38	29
3	34.39	35.21	34.85	204	3	33.6	33.69	33.88	161
4	37.59	38.3	38.47	209	4	36.84	38.04	36.86	168

HANDICAPPED PUPILS

The pupils in the following schools have been ascertained under the Handicapped Pupils and School Health Service Regulations, 1953, as requiring special educational treatment :—

		Accommodation for
BLIND PUPILS	Sheffield School for Blind Children	60 pupils
PARTIALLY SIGHTED PUPILS	Bents Green School ..	30 pupils
DEAF (GRADE III) AND PARTIALLY DEAF (GRADE IIB) PUPILS	Maud Maxfield School .. (Day and Residential)	120 pupils
PARTIALLY DEAF (GRADE IIA) PUPILS	Weekly classes in lip reading at Maud Maxfield School	20 senior and 20 junior pupils
DELICATE PUPILS	Whiteley Wood, Bents Green, and Springvale House Schools	384 pupils
	Bents Green Residential ..	40 pupils—girls
PHYSICALLY HANDICAPPED PUPILS (DAY)	Mayfield and Arbourthorne North Schools	120 pupils
EDUCATIONALLY SUB-NORMAL PUPILS	Wadsley Bridge School ..	160 pupils—senior boys
	Hillsborough School ..	95 pupils—junior boys
	Highfield School	120 pupils—senior girls
	Handsworth School ..	100 pupils—junior girls
	East Hill School	45 pupils—junior boys and girls
		100 pupils—junior boys
		120 pupils—senior boys

SHEFFIELD SCHOOL FOR BLIND CHILDREN

An analysis of the defects of the pupils in the school at the end of the year follows :—

Abiotrophy of Retina	..	..	..	..	..	..	1
Albinism	..	..	..	..	..	..	1
Aniridia	..	..	..	..	..	..	1
Bilateral Corneal Dystrophy		..	..	..	..	..	1
Buphthalmos	..	..	..	..	..	..	9
Choroido Retinal Dystrophy		..	..	..	..	..	2
Congenital Cataract		..	..	..	..	..	9
Corneal Leucomata		..	..	..	..	..	1
Detached Retina	..	..	..	..	..	..	1
Microphthalmos	..	..	..	..	..	..	4
Nystagmus	..	..	..	..	..	..	4
Optic Atrophy	..	..	..	..	..	..	8
Pseudoglioma	..	..	..	..	..	..	1
Retinoblastoma	..	..	..	..	..	..	2
Retrolental Fibroplasia	..	..	..	..	..	..	15
							60

BENTS GREEN SCHOOL FOR THE PARTIALLY SIGHTED

An analysis of the defects of pupils in the school at the end of the year follows :—

[illegible]

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below :—

RESULTS OF EXAMINATIONS.

Recommended for admission to a day special school for the educationally sub-normal	87
Recommended for admission to a residential special school for the educationally sub-normal	1
Recommended for education in an ordinary school with special educational treatment	48
Recommended for admission to a special school for the physically handicapped	2
Found to be educationally sub-normal and deaf, and recommended to remain at special school for the deaf	2
Found to be educationally sub-normal, but physically unfit for an ordinary or special school—recommended for home tuition ..	1
Found to be educationally sub-normal — Child now in a private school	1
Child in special school for the delicate found to be educationally sub-normal, but to remain at present special school	1
Found to be educationally sub-normal, but for further consideration as to disposal	17
Examined but decision deferred as to educational sub-normality ..	9
Referred to the Child Guidance Centre for investigation	2
Referred by the Local Health Authority for re-examination under Section 8 of the Miscellaneous Provisions Act, 1948	2
No disability of mind	16
Found to be ineducable and recommended for report to the Local Health Authority—Section 57(3)	34
Found to be ineducable and recommended for report to the Local Health Authority under Section 57(3) relying on Section 57(4) ..	2

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL.

Left on attaining the leaving age	54
Removed at an earlier age as incapable of receiving further benefit ..	3
Removed at an earlier age because of physical condition	1

TOTAL NUMBER REPORTED TO LOCAL HEALTH AUTHORITY (MENTAL WELFARE COMMITTEE).

	<i>Boys</i>	<i>Girls</i>
Children incapable of receiving benefit or further benefit from instruction in school	20	14
Educationally sub-normal children reported on attaining the School leaving age	27	12

REPORTED TO THE VOLUNTARY ASSOCIATION FOR MENTAL WELFARE ON LEAVING SCHOOL

8 8

EDUCATION ACT 1944, SECTION 57 (3)

For comparison, the numbers of children reported to the Local Authority under this section of the Act in previous years are given. They are children incapable of receiving benefit at school, or, if already in school, ones who have ceased to benefit from instruction there. The average per year reported has been 38.

<i>Years</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1946	30	19	49
1947	21	18	39
1948	22	12	34
1949	24	9	33
1950	22	21	43
1951	20	14	34
1952	17	18	35
1953	24	42	66
1954	12	9	21
1955	19	18	37
1956	19	16	35
1957	20	14	34

**FOLLOW-UP OF CHILDREN WHO LEFT THE SCHOOLS FOR THE
EDUCATIONALLY SUB-NORMAL IN 1954**

As in previous years, the children are reviewed who had left the special schools for educationally sub-normal three years ago and who had not been reported to the Local Health Authority under the Education Act ; their after-care has been carried out by the Voluntary Association for Mental Welfare.

Out of 20 boys who left Wadsley Bridge Special School, 14 settled down quickly in either their first or second job, and all except one of those made satisfactory social relationships ; this one was excessively shy and inept at forming friendships, but with an understanding employer and the support from a good home he has gradually become more mature. Four of those boys come from unsatisfactory homes so it is greatly to their credit that they are succeeding.

The remaining six boys have changed their jobs many times, usually in pursuit of more money, but fortunately all are now working hard ; four of those have poor home support.

In some of the above homes where the co-operation is good there is no father, but an older brother or grandmother has assumed responsibility for the boy ; in one instance the main support has come from the stepmother.

11 girls left Highfield Special School during this period, but one of those also left the City so could not be followed up. Six of the others have remained in their first or second job and have very satisfactory social and work reports ; two have achieved this in spite of their poor home background.

The other four have been in many jobs but three of them are now doing well. The fourth unfortunately kept getting into trouble and had finally to be reported to the Local Health Authority ; this was understandable as her parents were separated and neither of them took any interest in her.

The average intelligence quotient of the boys and girls is 68.67 (Terman Merrill Stanford Revision) and the range of intelligence quotients is 60 to 77.

DIABETES

10 pupils with this disease are under one or other of the hospital diabetic clinics, but are fortunately fit to attend an ordinary school.

CEREBRAL PALSY

There is a total of 107 children with this condition known to us in the City. It will be seen from the following table, giving their disposition, that the majority of those of school age are fit to attend some form of day school. It is the residue who are very severely handicapped who constitute the real problem :—

TOTAL	107	
Ineducable	21	
	86	
Under Statutory school age	6	
	80	
Ordinary school		25
Private school		1
Day special schools :—		
Physically handicapped	30	
Educationally sub-normal	10	
Deaf	3	
Partially-Sighted	1	
		44
Residential special school		7
Home Tuition		3
		80

HOME TUITION

The recommendation for home tuition comes from the school medical officers who re-examine the children at intervals, reviewing the necessity for its continuance. All children are linked up with one or other of the two special schools for the physically handicapped, the visiting teachers working under the supervision of the head teachers there.

The analysis of the defects of the 17 children is as follows :—

T.B. right hip	..	..	..	..	..	..	1
Bronchiectasis	..	..	..	..	..	..	1
Fragilitas Ossium	..	..	..	..	..	..	1
Poliomyelitis—paralytic	..	..	..	..	..	..	2
Spina bifida	..	..	..	..	..	..	2
Cerebral Palsy	..	..	..	..	..	..	3
Ectopic Bladder	..	..	..	..	..	..	1
Muscular dystrophy	..	..	..	..	..	..	2
T.B. Spinal Caries	..	..	..	..	..	..	1
Anaphylactoid purpura	..	..	..	..	..	..	1
Post encephalitis	..	..	..	..	..	..	1
Hydrocephalus	..	..	..	..	..	..	1

PARTICULARS OF CHILDREN WHO ARE MAINTAINED IN RESIDENTIAL
SPECIAL SCHOOLS AND HOMES OUTSIDE THE SHEFFIELD AREA,
DECEMBER, 1957.

BLIND CHILDREN.	Boys	Girls	Total
Chorleywood College for the Blind, Hertfordshire ..	—	1	1
Condoover Hall School for Blind Children, Shrewsbury	—	2	2
Henshaw's School for the Blind, Manchester	2	1	3
Royal Normal College for the Blind, near Shrewsbury	—	1	1
Worcester College for the Blind, Worcester	1	—	1
			8
DEAF CHILDREN.			
Burwood Park School, Hersham, Walton-on-Thames	1	—	1
Mary Hare Grammar School for the Deaf, Newbury, Berks.	1	1	2
St. John's R.C. Institution for the Deaf, Boston Spa, Yorkshire	1	—	1
			4
DELICATE CHILDREN.			
Hillaway Homes, Buckfastleigh, Devon	1	2	3
Ingleborough Hall School, Clapham, Yorkshire ..	2	—	2
Netherside Hall School, Skipton-in-Craven, Yorks ..	1	—	1
St. John's R.C. Open-Air School, Woodford Bridge, Essex	1	—	1
St. Patrick's Open-Air School, Hayling Island, Hants.	—	1	1
St. Vincent's Open-Air School, St. Leonards-on-Sea, Sussex	—	1	1
			9

EDUCATIONALLY SUB-NORMAL CHILDREN.

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Aldwark Manor School, Alne, near York	..	..	4	—	4
Allerton Priory R.C. School, Liverpool	..	..	—	1	1
Besford Court R.C. School, Worcester	..	..	5	—	5
Crowthorn School, Edgworth, near Bolton	..	..	—	1	1
High Close School, Wokingham, Surrey	..	..	—	1	1
Meadows School, Southborough, Kent	..	..	2	—	2
Rossington Hall School, Doncaster	..	..	6	—	6
St. Francis' Residential School, King's Heath, Birmingham	..	..	—	2	2
Swaylands School, Penshurst, Kent	..	..	1	—	1
					<u>23</u>

EPILEPTIC CHILDREN.

Colthurst House School, Warford, Cheshire	..		1	—	1
Lingfield School for Epileptics, Lingfield, Surrey	..		1	—	1
Maghull Home, Maghull, Liverpool	..	..	1	1	2
Soss Moss School, Chelford, Cheshire	..	..	4	—	4
					<u>8</u>

MALADJUSTED CHILDREN.

Dunsterville Hostel, Rochdale	..	..	—	1	1
Shotton Hall, Harmer Hill, Shrewsbury	..	..	2	—	2
					<u>3</u>

PHYSICALLY HANDICAPPED CHILDREN.

Dame Hannah Rogers School, Ivybridge, Devon	..		—	2	2
Irton Hall School, Cumberland	..	..	1	—	1
Talbot House School, Glossop, Derbyshire	..	..	2	—	2
Welburn Hall School, Kirbymoorside, Yorkshire	..		1	2	3
Wilfred Pickles School, Duddington, near Stamford, Lincs.	..	..	2	—	2
					<u>10</u>

AFTER-CARE

During the year under review, the majority of the parents of the children who have left the special schools have co-operated well, and where there has been a lack of interest on their part, help has been obtainable from welfare officers and employers. This interest and assistance on the part of the latter is of considerable value in enabling the After-care Officer to obtain a more intimate knowledge of the leaver's difficulties. One instance of this was the case of a boy who on leaving the open air school was known to come from a neglected home ; it was anticipated that little help or encouragement from his parents would be forthcoming when he commenced work. His employer and workmates, however, took a personal interest in the boy and together were able to do a considerable amount to help him. Without this co-operation the after-care would have been more difficult and possibly less effective.

There still remains a fairly wide choice of employment for leavers, and due to careful placing on the part of the Youth Employment Officers, there has been little movement from one job to another. Fifty per cent. of those who have left the special schools during the year are learning a trade, whilst the remainder are usefully employed in work of a semi-skilled or unskilled nature.

The Boys' Club which is run by the Wadsley Bridge Special School under the auspices of the Sheffield Voluntary Association for Mental Welfare has continued throughout the year. A number of boys in the last year at the school have been allowed to use the club equipment during the dinner breaks, and so have developed quite a good knowledge and skill in the games before leaving school ; this acts as an introduction to the Boys' Club and eventually gives them added confidence in joining larger clubs in the City at an earlier date than would otherwise have been possible. The Club is also of considerable value in the after-care as the school staff are able to keep in touch more easily with the boys for the period immediately after they have left school.

During the year, 370 visits have been made by the After-care Officer to cases under 18 years of age. Of these 91 are ex-pupils of the schools for the educationally sub-normal ; five of the schools for the physically handicapped, and 93 of the schools for delicate children.

**EMPLOYMENT OF PUPILS WHO LEFT SPECIAL SCHOOLS
DURING THE YEAR UNDER REVIEW**

OCCUPATION	EDUCA- TIONALLY SUB-NORMAL		OPEN-AIR SCHOOLS		SCHOOLS FOR PHYSICALLY HANDI- CAPPED		Total 1957
	Boys	Girls	Boys	Girls	Boys	Girls	
Shirt making—machinist	—	1	—	1	—	—	2
Soft furnishing	—	—	—	2	—	—	2
Silversmith—apprentice	—	—	1	—	—	—	1
Sheet metal worker	—	—	1	—	—	—	1
Van boy	1	—	6	—	—	—	7
Woodwork	—	—	1	—	—	—	1
Cabinet Case making	—	—	1	—	—	—	1
Toolmaking	—	—	2	—	1	—	3
Shop assistant	—	—	1	3	—	—	4
Engineering—tools	—	—	1	—	—	—	1
Domestic	—	1	—	—	—	—	1
Warehouse	—	2	1	5	—	—	8
Cutlery	3	2	1	1	—	—	7
Farming	1	—	—	—	—	—	1
Brickyard worker	1	—	—	—	—	—	1
Commercial Training	—	—	—	1	—	—	1
Electrical—apprentice	—	—	2	—	—	—	2
Clerk	—	—	—	2	—	—	2
Sawmaking	—	—	—	—	1	—	1
Laboratory Assistant	—	—	—	—	1	—	1
Boot repairing	3	—	—	—	—	—	3
Joiner's apprentice	—	—	1	—	—	—	1
Property repairing	—	—	2	—	—	—	2
Nursing trainee	—	—	—	1	—	—	1
Cashier	—	—	—	1	—	—	1
Florist	—	—	—	1	—	—	1
Draughtsman	—	—	1	—	—	—	1
Gardening	—	—	1	—	1	—	2
Car body builder	—	—	1	—	—	—	1
Motor mechanic	—	—	1	—	—	—	1
Apprentice bricklayer	—	—	1	—	—	—	1
Cardboard box making	—	1	—	—	—	—	1
Optical worker	—	1	—	—	—	—	1
Pit trainee	1	—	—	—	—	—	1
	10	8	26	18	4	—	66
Learning a definite trade	7	4	14	6	2	—	33
In semi-skilled or unskilled employment	3	4	12	12	2	—	33
	10	8	26	18	4	—	66

**FULL-TIME COURSES OF FURTHER EDUCATION FOR
HANDICAPPED STUDENTS**

The Education Committee are responsible for the craft training of blind and deaf persons under 21 years of age, and during the year the following students continued attendance at recognised institutions :—

Yorkshire School for the Blind (one boy, basketry ; one boy, mat making).

Royal National Institute for the Blind (two boys, physiotherapy).

HEALTH EDUCATION.

The school nursing sisters attend monthly lectures at the City General Hospital.

Talks to Parent-Teacher Associations and other groups and societies were given by members of the staff in the evenings.

School nursing sisters by request give talks on child care to older girls in some schools.

Doctors taking the Diploma in Child Health, fourth year medical students, students taking the Diploma in Education, students from the School of Social Studies, and various foreign visitors, were shown the work of the School Health Service.

Thanks are due to the teachers who demonstrate and co-operate so willingly during these visits.

MISCELLANEOUS.

REMAND HOMES.

All boys and girls are medically examined before admission to the remand homes and again before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Candidates for appointment in the service of the Education Committee	..	..	..	..	..	..	200
Examinations for stage licences	..	..	..	..	..	..	20
Juvenile Court cases	..	..	..	..	..	..	142
For admission to approved schools	..	..	..	..	..	..	9
Annual medical examinations of “ Boarded-out ” children	..	..	..	..	..	..	136

Fitness for part-time work, for example newspaper delivery or errand boy in various trades :—

Number passed..	..	..	..	..	..	..	1,400
Number not recommended	..	..	..	..	..	..	14

Examinations of students for admission to training colleges for teachers :—

Men	..	..	..	..	..	66
Women	..	..	..	..	..	137
						213

MEDICAL INSPECTION RETURNS
YEAR ENDED 31ST DECEMBER, 1957

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).**

A—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	5,094
Second Age Group	7,208
Third Age Group	6,794
Additional Inspections	729
TOTAL	19,825

B—OTHER INSPECTIONS.

Number of Special Inspections	25,519
Number of Re-inspections	23,523
TOTAL	49,042

C—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS
FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT
(excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any other conditions recorded in Table III (3)	Total individual pupils (4)
Entrants	184	694	828
Second Age Group	307	764	944
Third Age Group	283	640	883
Additional Inspections	21	72	93
Grand Total	795	2,170	2,748

**D—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS
INSPECTED IN THE AGE GROUPS IN TABLE IA**

Age Groups (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	per cent. of col. 2 (4)	No. (5)	per cent. of col. 2 (6)
Entrants	5,094	5,081	99.74	13	.26
Second Age Group	7,208	7,186	99.69	22	.31
Third Age Group	6,794	6,777	99.75	17	.25
Additional Inspections	729	725	99.45	4	.55
TOTAL	19,825	19,769	99.72	56	.28

TABLE II.

INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	154,316
(ii)	Total number of individual pupils found to be infested	3,607
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	2,864
(iv)	Total number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1957.

A—PERIODIC INSPECTIONS.

Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
	Entrants		Leavers			
	Requir- ing Treat- ment	Requir- ing Obser- vation	Requir- ing Treat- ment	Requir- ing Obser- vation	Requir- ing Treat- ment	Requir- ing Obser- vation
Skin	54	25	97	18	227	76
Eyes—(a) Vision	184	325	288	124	795	697
(b) Squint	65	64	18	8	119	105
(c) Other	21	12	31	5	83	29
Ears—(a) Hearing	48	29	86	19	175	79
(b) Otitis Media	42	48	61	24	149	111
(c) Other	83	53	104	13	285	91
Nose and Throat	246	213	38	34	349	373
Speech	36	109	6	6	65	143
Lymphatic Glands	27	121	2	10	33	159
Heart	18	54	13	20	45	119
Lungs	47	151	15	57	91	320
Developmental—						
(a) Hernia	5	10	1	2	9	21
(b) Other	—	—	—	—	—	—
Orthopædic—						
(a) Posture	19	36	15	7	59	64
(b) Feet.. ..	37	30	57	17	176	75
(c) Other	—	—	—	—	—	—
Nervous System—						
(a) Epilepsy	3	15	6	16	13	49
(b) Other	1	4	1	—	3	12
Psychological—						
(a) Development	2	3	2	3	6	13
(b) Stability	3	26	5	11	18	62
Abdomen	—	—	—	—	—	—
Other	73	107	70	48	265	269

B—SPECIAL INSPECTIONS

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Requiring Treatment	Requiring Observation
Skin	2,782	17
Eyes—(a) Vision	1,053	297
(b) Squint	79	27
(c) Other	685	21
Ears—(a) Hearing	312	72
(b) Otitis Media	371	12
(c) Other	815	26
Nose and Throat	1,379	107
Speech	274	62
Lymphatic Glands	78	8
Heart	29	25
Lungs	301	93
Developmental—		
(a) Hernia	4	2
(b) Other	8	15
Orthopædic—		
(a) Posture	—	3
(b) Feet.. .. .	24	7
(c) Other	375	51
Nervous System—		
(a) Epilepsy	41	28
(b) Other	36	37
Psychological—		
(a) Development	18	3
(b) Stability	123	40
Abdomen	83	30
Other	4,736	219

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	657	248
Errors of refraction (including squint)	—	3,260
TOTAL	657	3,508
Number of pupils for whom spectacles were prescribed	—	3,044

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated	
	by the Authority	otherwise
Received operative treatment :—		
(a) for diseases of the ear	—	1
(b) for adenoids and chronic tonsillitis	—	340
(c) for other nose and throat conditions	—	5
Received other forms of treatment	2,369	251
TOTAL	2,369	597
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) in 1957	—	44
(b) in previous years	—	62

GROUP 3.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	by the Authority	otherwise
Number of pupils known to have been treated at clinics or out-patients departments	222	502

GROUP 4.—DISEASES OF THE SKIN.

(excluding uncleanness, for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm—(i) Scalp	—
(ii) Body	4
Scabies	12
Impetigo	64
Other Skin Diseases	2,591
TOTAL	2,671

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrange-
ments made by the Authority 635

GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrange-
ments made by the Authority 386

GROUP 7.—OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by
the Authority 5,275

(b) Pupils who received convalescent treatment under School
Health Service arrangements 200

(c) Pupils who received B.C.G. Vaccination 4,653

(d) Other than (a), (b) and (c) above—
Chiropody 618

TOTAL 10,746

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of Pupils inspected by the Authority's Dental Officers:—							
	(a)	At Periodic Inspections	..	..	..	..	..	39,680
	(b)	As Specials	..	..	..	..	..	5,009
						TOTAL (1)	..	44,689
(2)	Number found to require treatment 35,268							
(3)	Number offered treatment 27,887							
(4)	Number actually treated 14,235							
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) 29,308							
(6)	Half-days devoted to :—							
	Periodic (School) Inspection 285							
	Treatment 4,005							
						TOTAL (6)	..	4,290
(7)	Fillings :—							
	Permanent teeth 11,550							
	Temporary teeth 91							
						TOTAL (7)	..	11,641
(8)	Number of teeth filled :—							
	Permanent teeth 10,217							
	Temporary teeth 91							
						TOTAL (8)	..	10,308
(9)	Extractions :—							
	Permanent teeth 5,702							
	Temporary teeth 14,977							
						TOTAL (9)	..	20,679
(10)	Administration of general anæsthetics for extraction 10,487							
(11)	Orthodontics :—							
	(a)	Cases commenced during the year	..	..	..	..	..	128
	(b)	Cases carried forward from previous year	..	..	..	..	..	282
	(c)	Cases completed during the year	..	..	..	..	..	243
	(d)	Cases discontinued during the year	..	..	..	..	..	47
	(e)	Pupils treated with appliances	..	..	..	..	..	133
	(f)	Removable appliances fitted	..	..	..	..	..	323
	(g)	Fixed appliances fitted	..	..	..	..	..	124
	(h)	Total attendances	..	..	..	..	..	3,278
(12)	Number of pupils supplied with artificial dentures 72							
(13)	Other operations :—							
	Permanent teeth 4,712							
	Temporary teeth 29							
						TOTAL (13)	..	4,741

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES, YEAR 1957.

During the calendar year 1957 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic		TOTAL (1)—(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
A. Newly placed in Special Schools or Boarding Homes	3	5	5	—	112	17	91	—	2	235	
B. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes ..	1	1	5	—	114	15	93	1	—	230	

On or about 31st January, 1958 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic		TOTAL (10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
C. (i) On the registers of Special Schools as :—	—	25	49	12	325	89	466	—	—	966	
(a) Day pupils	20	—	7	—	34	7	25	—	8	101	
(b) Boarding pupils	—	—	—	—	—	3	—	2	—	5	
(ii) On the registers of Independent Schools under arrangements made by the Authority	—	—	—	—	2	—	—	1	—	3	
(iii) Boarded in Homes and not already included under (i) or (ii) above	—	—	—	—	—	—	—	—	—	—	
TOTAL (C)	20	25	56	12	361	99	491	3	8	1,075	
D. Being educated under arrangements made under Section 56 of the Educa- tion Act, 1944 :—	—	—	—	—	—	55	—	—	—	55	
(i) In Hospitals	—	—	—	—	—	—	—	—	—	—	
(ii) In other groups	—	—	—	—	—	—	—	—	—	—	
(iii) At Home	—	—	—	—	—	16	—	1	—	17	

On or about 31st January, 1957 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted	(3) Deaf (4) Partially Deaf	(5) Delicate (6) Physically Handicapped	(7) Educationally Sub-normal (8) Maladjusted	(9) Epileptic	Total				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
E. Requiring places in Special Schools										
(i) TOTAL :—										
(a) Day	—	—	—	—	—	—	—	—	—	—
(b) Boarding	—	—	—	—	1	—	1	1	1	4
Number of pupils included in these totals :—										
(ii) Who had not reached the age of 5 and awaiting :—										
(a) Day places	—	—	—	—	—	—	—	—	—	—
(b) Boarding places	—	—	—	—	—	—	—	—	—	—
(iii) Who had reached the age of 5 but whose parents had not con- sented to their admission to a Special School and awaiting :—										
(a) Day places	—	—	—	—	—	—	—	—	—	—
(b) Boarding places	—	—	—	—	—	—	—	—	—	—

F. On the registers of Hospital Special Schools 46

G. During the *calendar year* ended 31st December, 1957, number of children reported to the local health authority :—

(a) Under Section 57 (3) (excluding those returned under (b))	32
(b) Under Section 57 (3) relying on Section 57 (4)	2
(c) Under Section 57 (5)	39
of the Education Act, 1944.	

H. During the *financial year* ended 31st March, 1957, amount spent on arrangements under Section 56 of the Education Act, 1944, for the Education of handicapped pupils otherwise than at School £2,320

SCHOOL HEALTH SERVICE

THE FOLLOWING DETAILS ARE FURNISHED OF THE COST OF THE SCHOOL HEALTH SERVICE
DURING THE YEAR ENDED 31st MARCH, 1957

SECTION	Gross Expenditure	Income	Net Expenditure	Deduct Grant	Net Cost to Rates	Cost in terms of a Penny Rate	
						Gross Expenditure	Net Cost to Rates
Medical Inspection and Treatment ..	£ 112,097	£ 2,762	£ 109,335	£ 65,601	£ 43,734	d. 4.53	d. 1.77
Special Schools ..	202,751	22,675	180,076	119,972	60,104	8.2	2.43
TOTALS ..	314,848	25,437	289,411	185,573	103,838	12.73	4.2

REPORT
OF THE
ORGANISER OF PHYSICAL EDUCATION
FOR THE YEAR ENDED 31ST DECEMBER, 1957

1. Introduction.

It is gratifying to be able to report a year of steady progress in providing a rational scheme of Physical Education for all schools, Youth Clubs, and Evening Institutes sponsored by the Education Committee. The suggestion that regular exercise is essential for the natural development of any young person is neither original nor controversial, but the artificial conditions and increasing pace of modern life, with their resulting strains, make it increasingly important that such time as can be made available should be used in the best possible way for the physical, mental and moral welfare of the child.

With this aim in view, continuous efforts have been made to improve facilities, to supply suitable equipment, and to provide teachers with guidance and assistance, which will assist them to plan and carry out programmes which will enable each child in their care to derive maximum educational advantage from the performance of activities appropriate to age, aptitude and ability.

Although there has been no attempt to impose rigid directives, guidance on broad general lines given at Courses for teachers, has been discussed and applied on regular visits to schools. After a period of experiment, which was essential if educational methods were to be adjusted to changing social conditions, satisfactory results are being obtained by methods which are based on educational principles currently believed to be sound. For the older age groups due attention has been paid to the need for introducing activities which will provide an interesting means of recreation after leaving school, and in this connection some effective coaching has been given in tennis, badminton, basketball and hockey, whilst camping and youth hostelling are becoming increasingly popular. The tendency for shorter working hours makes it essential that children should be helped to make the most beneficial use of the greater opportunities for leisure they are likely to enjoy.

At a time when the expansion of the service is providing constant improvements in facilities for Physical Education, it is disquieting to have to report one factor which impedes progress, namely the difficulty experienced in recruiting suitably qualified specialist teachers. This is a national problem, but new entrants to the profession do not seem to be attracted to the large industrial areas. This situation is being met locally by regular visits to schools to give expert guidance, and by the provision of Courses designed to prepare teachers to undertake more advanced work.

2. Teachers' Courses.

Teachers in all types of schools have again been given the opportunity to attend refresher courses in physical education. All these courses have been held during evenings or week-ends and much credit is due to those who have given of their free time to attend. Tremendous interest in modern developments in primary school work has been shown, and it was found necessary to duplicate one course on this aspect of physical education.

The following courses were held in 1957 :—

	Number Enrolled
(i) (a) Lecture-demonstration course for teachers of Junior Classes held at Wisewood Secondary (6 hours), Newhall County School (1½ hours), Sharrow Lane Girls' (1½ hours)—Mr. L. Morant, Mr. J. G. Jones, Mr. B. Moore, Mrs. P. L. Barton	108
(b) Duplicate Course of 1(a) held at Stradbroke County Primary (4½ hours), Woodthorpe Secondary (1½ hours), Abbey Lane Junior (3 hours)—Mr. L. Morant, Mr. J. G. Jones, Mr. B. Moore, Mrs. P. L. Barton	118
(c) Course in Vaulting and Agility for Senior Girls at Jordanthorpe Secondary, Shirecliffe Secondary, Hurlfield Girls', Greystones Secondary, Maltby Street County, St. Theresa's R.C., Brook Secondary. (Total 10½ hours)—Mrs. P. L. Barton	24
(ii) Swimming for men and women teachers held at Woodthorpe Baths (76 hours)—Mr. H. G. Brook.	29
(iii) Courses for leaders and teachers in evening schools, evening institutes and youth clubs :—	
(a) Recreative Physical Training for women teachers and leaders held at High Storrs Grammar School for Girls (20 hours)—Mrs. P. L. Barton	27
(b) Recreative Physical Training for men teachers and leaders held at High Storrs Grammar School for Boys (20 hours)—Advanced Course—Mr. J. G. Jones	22
Beginners' Course—Mr. V. B. Moore	21
(iv) Voluntary Clubs :—	
(a) Folk Dancing (3 sessions)—Miss T. Ballard	25
(b) National and Aesthetic Dancing (2 sessions)—Mrs. P. L. Barton	28
(c) Gymnastics—Men Teachers Gymnastic Club—Mr. J. G. Jones, Mr. V. B. Moore	24
(v) Special Classes :—	
(a) Basket Ball Coaching Course for Men Teachers of Senior Boys (12 hours) held at City Training College—Mr. A. Kirkby and the Physical Education Staff	28
(b) Advanced Swimming and Diving (one day) at Woodthorpe Baths—Mr. A. D. Kinnear and Mr. H. G. Brook. (South Yorkshire Physical Education Association)	60
(c) Advanced Diving—(week-end) at Woodthorpe Baths—Mr. H. G. Brook, Mr. J. G. Jones, Mr. G. Bratby (Yorkshire A.S.A.)	40
(d) Netball—(week-end) at High Storrs Grammar School for Girls—Mrs. P. L. Barton, Miss W. Allen (Sheffield Youth Association)	30
(e) Netball (evening) at Hinde House Secondary Modern School—Miss W. Allen, Miss M. Naylor (South Yorkshire Physical Education Association)	58

3. *Activities in the Schools.*

(a) *Physical Training.*

The extensive building programme and the opportunities of re-organisation thus afforded has made it possible to improve facilities and to reduce the number of schools having no indoor accommodation for Physical Education. With regular opportunities for training, independent of weather conditions, there has naturally been an improvement in standards, particularly in the recently re-organised Primary Schools, and it is confidently expected that this improvement will be reflected in the work of the Secondary Schools in future years.

The work in the older age groups, although still designed to correct faulty habits which may cause postural defects, and to encourage harmonious development, is constantly being extended in scope to include training in skills which should provide every child with a choice of interesting recreative activities which can be carried on with considerable benefit after school days are over.

(b) *Games.*

Continued progress has been made in the provision of playing fields and all senior pupils have a weekly games period on turf. An increasing number of children in junior schools enjoy this facility which it is hoped to extend to all children over the age of 10 in the near future. The purpose of this period is to give sound coaching in the fundamental skills of games and athletics rather than to organise competitive play. If the desirable educational results are to be obtained it is essential that the less capable child should receive due attention, and that the temptation to introduce the element of team competition too early should be avoided.

During the year improvements have been made at Abbeydale, Castle Dyke and Hatfield House Lane playing fields. After due consolidation, pitches will soon become available at Bradway Junior and Chaucer and Hinde House Secondary Schools, whilst work is proceeding on new fields at Athelstan, Hemsworth, Hurlfield, King Ecgbert, Newfield and Silverdale schools. It is gratifying to note that the playing fields at Chaucer Secondary School will be available for immediate use when the school opens.

(i) *Association Football.*

Almost every school has taken part in a comprehensive programme of inter-school matches which has been designed to provide fair competition for schools of all types and size.

The final results of the league competitions were :—

Competition	No. of Teams	Winners	Runners-up
Clegg Shield	19	Norfolk Secondary	Coleridge Road Sec.
Handsworth Cup	13	Philadelphia County	Heeley Bank County
United Shield	14	Morley Street County	Hillfoot County
Wednesday Shield	39	Coleridge Road Sec.	Wisewood Secondary
Daily Dispatch Shield	18	Brook Secondary	Norfolk Secondary
Gleeson Cup	8	Hillsborough R.C.	St. Vincent's R.C.
Catholic League	7	St. Theresa's R.C.	Hillsborough R.C.
City League	12	Shirecliffe Sec.	Hurlfield Secondary

The City team had a great tussle with Barnsley, the holders, in the 4th round of the English Shield, and were finally beaten in the last minute of the second replay.

The following boys gained distinction during the season.

County Caps — T. Wood (Brook Secondary) and T. Webster (Burngreave Sec.).

International honours — T. Wood was Captain of the English team in all 6 international matches.

(ii) *Rugby Football.*

With the improvement in facilities more schools are including this game as an addition or as an alternative to Association Football. In fact it is interesting to note that Coleridge Road Secondary and Shirecliffe Secondary managed to provide Finalists in the competitions for both codes.

A nine-a-side Tournament was held at Castle Dyke during the autumn mid-term holiday. Sixteen teams took part and the marked improvement in standard of play reflected credit on the boys and their teacher trainers.

(iii) *Cricket.*

In spite of the shortage of pitches, due to the closure of public parks between Easter and Whitsuntide, enthusiasts have continued to provide sound coaching for their boys. The number of pitches controlled by the Education Committee, and therefore available immediately after Easter, is increasing. In many schools the fundamental skills of the game are being taught indoors, with specially designed equipment, thus giving all boys, irrespective of ability, a chance of regular coaching.

The City Team had its most successful season for 21 years, being undefeated, and winning the Yorkshire Schools' Cricket Championship. Arthur Armitage of Burngreave was awarded his Yorkshire County Cap. The Education Committee continued to arrange for the use of the indoor nets at Bramall Lane, a privilege which is much appreciated by the boys and their teacher coaches, Mr. Raynor and Mr. Webster.

(iv) *Netball.*

All girls attending Sheffield schools have the opportunity of playing this game, and the standard of play remains high. All districts were represented in the League competitions which catered for teams containing 560 girls.

The results were as follows :—

Competition	No. of Teams	Winners	Runners-up
Graves Shield	16	Meynell Road Sec. (for the 5th successive year).	Southey Green Sec.
Creswick Trophy	15	Meynell Road Sec.	Southey Green Sec.
Hadfield Trophy	16	St. Catherine's R.C.	St. Patrick's R.C.
Miller Shield	12	Maltby Street	Pomona Street

The annual City Netball Tournament was held at Norfolk Secondary School on March 2nd, 39 teams taking part.

The result was the same in both the Senior and Junior Sections, Meynell Road Secondary and Southey Green Secondary holding each other to a draw in very exciting games.

(v) *Rounders.*

This game continues to be popular in both primary schools and secondary girls' departments. It is a game which is played both on hard surfaces and grass and is simple of organisation. Sheffield has a traditional enthusiasm for rounders and a high degree of skill is everywhere apparent. Many teachers devote much of their spare time to the organisation, practice and competitions of the game and they are to be commended for their efforts.

1,540 children took part in the league competition, the results of which were :—

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield (S3-4) . .	18	Southey Green Sec.	Wybourn Secondary
Fred Bye Trophy	24	Wybourn Secondary	Hinde House Sec.
Quine Trophy	15	St. Theresa's R.C.	Pomona Street
Eaton Cup (Junior Girls) . .	36	Woodside County	Woodseats County
Carr Cup (Junior Boys) . .	36	Shirecliffe Junior	Malin Bridge Junior

At the Annual Rounders Rally 1,342 children representing 122 teams took part, and the results were as follows :—

Competition	No. of Teams	Winners	Runners-up
Drew Trophy (S3-4)	27	Beaver Hill Sec.	Meynell Road Sec.
Miller Trophy (S1-2)	24	Pipworth Road Sec.	Southey Green Sec.
Brightside Cup (Jnr. Girls) . .	35	Woodside Junior	Shirecliffe Junior
Slavin Cup (Junior Boys) . .	36	Woodthorpe Junior	Hucklow Road Junior

(vi) *Basket Ball.*

This game is gaining in popularity amongst schools with senior boys' departments. It can be played on hard surfaces both indoors and outside, though the new gymnasia which are being opened as re-organisation takes

place lend themselves most ideally to the game. Basket-ball demands speed, agility and quick reaction to rapidly changing situations, and is an ideal medium for fostering these qualities amongst senior boys. In order to stimulate enthusiasm for the game a Basket-ball Tournament was held at Rowlinson and Jordanthorpe schools during the Spring term.

18 teams took part and over 100 boys played in the 35 games which were arranged.

Hatfield House Lane Secondary School were the eventual winners of the trophy.

(vii) *Tennis.*

The provision of 16 new hard courts at Castle Dyke, Silverdale and King Ecgbert Secondary Schools during the year, brings the number controlled by the Committee to 66. These are all used regularly in addition to those hired in the public parks. The development of this game and of Badminton is being encouraged because of their valuable physical effects, the opportunities for social training, and because they provide a healthy, recreative interest in post-school life.

With the aim of raising standards, a Tennis Tournament was organised at Hurlfield Secondary Modern Girls' School on July 15th, starting at 5.15 p.m. 12 schools took part, the results being as follows :—

Boys' Schools Champions	..	Nether Edge Grammar School.
Girls' Schools Champions	..	High Storrs Girls' Grammar.
Mixed Schools Champions	..	Hinde House Secondary Modern.

(viii) *Hockey.*

As more facilities and equipment become available an increasing number of schools are making hockey a major game for their senior girls. Good pitches are essential and there should be considerable progress as the new school playing fields are developed.

A Hockey Rally was held at Hurlfield Secondary Girls' School during the Spring Term. 16 teams took part and more than 170 girls played in the 20 games which were arranged. St. Oswald's R.C. were the winners of the trophy given for the occasion.

(c) *Athletics.*

Facilities for this branch of physical education are gradually being increased throughout the city. All new playing fields include an athletics area where running, jumping and throwing events can take place. A number of existing playing fields are being improved in this direction, and in some cases enthusiastic teachers and boys have helped in the preparation of facilities. As the scope of athletic events is being constantly widened in the city, supplies of equipment are being built up.

Cross-country running is a traditional sport in the Sheffield area and is most popular amongst the schools. 31 teams competed regularly in the Saturday morning Cross-country league and Hatfield House Lane "A" team had a record season, winning both the League competition and the Senior Atkin Cup, for which 25 teams competed.

The first Yorkshire Schools Cross-Country Championships were held at Harrogate, and Sheffield won both the Junior and Senior sections from over 20 other teams.

The training scheme for young athletes of promise was held throughout the winter at Shirecliffe Secondary School and later at the City Training College ground. The sessions were well attended and in the county athletic sports Sheffield gained 4 first places, 3 seconds and 3 thirds. D. Finlayson of High Storrs Grammar School won the senior mile championship and also broke the record for this event. 4 boys and 1 girl were selected to represent Yorkshire in the English Schools Championships.

Generally the work in athletics shows considerable progress, and much credit is due to the many teachers who have given much of their time to coaching and organising the sport.

(d) *Dance.*

This activity plays an important part in developing poise and graceful movement. This area has been a prominent centre in the world of Folk Dancing for a long time, and the schools and Evening Institutes do much to foster and maintain local and national traditions. In Infant schools where formal steps would be unsuitable, excellent results have been obtained by an expressional type of dance. This method is also being used with older age groups, where girls who are not necessarily gifted as dancers find a great interest in creating movement patterns of their own.

(e) *Camping and School Journeys.*

In recent years the Ministry of Education has emphasised the educational value of camping and allied outdoor pursuits. The opportunity provided for widening experience by meeting different people and seeing new places, in the cheapest possible way, together with the calls made on independence, resource, and initiative, in adapting oneself rapidly to changing circumstances, are obviously of such importance that many prominent employers are making increasing use of this method in their training schemes. Almost every Secondary Modern School has arranged some form of school journey during the past year, varying from the highly organised foreign tour, to mobile camping with lightweight equipment. The educational value of the latter is such that the Committee might wish to consider giving assistance to schools where teachers are prepared to give instruction in the basic skills of camping. This has been done in the grounds of one Secondary Modern School at week-ends, and the pupils later enjoyed a mobile camping tour in the Yorkshire Dales.

(f) Swimming.

Although excellent results have been obtained for many years in the teaching of beginners, in Life-Saving, and in Competitive swimming, it was thought advisable to test the efficacy of the swimming scheme by conducting an enquiry to see how many children leaving school in December, 1957, were unable to swim 25 yards. Although the numbers were very small, it is a matter for concern that there should be any at all. It was also remarked that there were more girls than boys, which was to be expected as they had less use of the swimming baths in the past. The decision of the City Council to allow mixed bathing in the public baths has made it possible to set about removing this inequality, and as an experiment, certain junior schools have been invited to send mixed classes. The advantages of this are that there is the minimum interference with normal school routine, as entire class units are sent, and that children are at an age when they approach the acquisition of any new physical skill with more enthusiasm and confidence than at any other time in their lives. The teachers have been delighted with the success of their efforts, which is clearly indicated in the record number of certificates gained at all distances. (See table of Distance Certificates).

ATTENDANCES

Team	In School Hours	Out of School Hours	Total
1953	273,619	162,954	436,573
1954	286,194	169,370	455,564
1955	276,524	153,038	429,562
1956	273,133	132,375	405,508
1957	290,774	99,821	390,595

Awards have been gained during the year as follows :—

DISTANCE CERTIFICATES

Lengths in Yards	Boys					Girls				
	1953	1954	1955	1956	1957	1953	1954	1955	1956	1957
25	2,204	2,437	2,285	2,333	2,613	1,446	1,676	1,657	1,739	1,878
100	1,731	2,038	1,883	1,923	2,173	1,255	1,292	1,323	1,351	1,488
440	1,427	1,564	1,515	1,601	1,799	971	1,042	1,032	1,113	1,161
880	1,158	1,444	1,326	1,496	1,518	805	955	775	859	889
TOTAL ..	6,520	7,483	7,009	7,353	8,103	4,477	4,965	4,787	5,062	5,416

Grand Totals	1954	..	..	12,448
	1955	..	..	11,796
	1956	..	..	12,415
	1957	..	..	13,519

Life Saving.

Awards were made by the Royal Life Saving Society for success in their examinations :—

Year	Intermediate Certificate	Bronze Medallion
1954	1,470	954
1955	1,467	1,068
1956	1,609	1,027
1957	1,492	912

In addition to Intermediate Certificates and Bronze Medallions gained, the following awards were also obtained :—

Elementary Certificates	..	..	..	..	54
Bar to Bronze Medallion	..	..	..	..	20
Scholar Instructor	..	..	..	..	16
Instructor	..	..	..	..	28
Bronze Cross	..	..	..	..	61
Bar to Bronze Cross	..	..	..	..	1
Award of Merit..	..	..	..	..	17
Bar to Award of Merit	..	..	..	..	1
Distinction Award	..	..	..	..	1

Sheffield has a very proud record for the number of awards gained. Most of the examinations were conducted by the Committee's professional teachers of swimming and they reported a good standard of performance throughout.

Other Life Saving Awards gained by Sheffield Schools were :—

The Viner Shield Burngreave Secondary Boys'.
(third year in succession).

The William Henry Cup .. Langsett Road Secondary.

Awards of Merit.

These awards are made by the Sheffield Schools' Swimming Association and can only be gained by very accomplished swimmers.

Year	Boys	Girls	Total
1954	55	45	100
1955	52	41	93
1956	68	46	114
1957	33	37	70

Free Passes to Baths.

Free passes are awarded on a basis of one to every department gaining 20 or more lengths certificates annually whilst attending a Corporation Bath for instruction in swimming. A similar privilege is granted by the Education Committee to schools attending the Woodthorpe and King Edward VII Swimming Baths. These passes provide an incentive and give the more capable children an opportunity to make the most of their talents.

Passes were awarded as follows :—

City Teams	..	..	..	..	50
Training Scheme	..	..	..	..	99
Schools	..	..	..	..	178
Woodthorpe and King Edward VII	..	..	..	..	35
TOTAL	..	..	..	..	362

H.M.S. "Sheffield" Trophy.

The Artificers of H.M.S. "Sheffield" made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. Burngreave Secondary Girls' School won the competition with a total of 194 points, and an average of 1.94 points per bath place. This school was successful for the second consecutive year.

The Winter Squadron Leagues.

These competitions have continued to maintain interest in inter-school swimming throughout the winter, and Mr. H. Hughes, the Secretary, is to be congratulated on the good work done.

The results were :—

		Winners	Runners-up
Winter :	Boys ..	Prince Edward Sec.	Abbeydale Secondary
	Girls ..	Brook Secondary	Silverdale Secondary
Junior :	Boys ..	Abbeydale Secondary	Upperthorpe County
	Girls ..	Jordanthorpe	Sharrow Lane Girls

English Schools' Advanced Award.

This award demands all-round proficiency in swimming, both in style and speed, and above average ability in diving. In 1957 sixteen boys and ten girls from Sheffield Schools were successful.

4. School Sports and Tournaments.

The number of schools organising their own Open-days, Sports Days and Swimming Galas is constantly increasing. These occasions, which are naturally the culmination of much hard work, serve a very useful purpose in acting as an incentive to teachers and children, in establishing good relations between Staff and parents and members of the public, and in improving the prestige of the school as an influence for good in its environment.

5. Out-of-School Activities.

Thanks are due to the many teachers whose work on behalf of children extends far beyond the normal school hours. The children of Sheffield are fortunate in the amount, scope and quality of the voluntary efforts extended for their benefit. It is not without significance that many Sheffield teachers are prominent in the organisation of schools' sport at County and National level. Although the teachers concerned derive their main pleasure from the physical and social development of their charges, it seems appropriate that their devoted service should receive this acknowledgement.

Among the organisations working consistently throughout the year are the Schools' Athletic Association and the Schools' Swimming Association. Other organisations making useful contributions are the Teachers' Folk Dance Club, the Aesthetic and National Dance Society, the Teachers' Netball Club, the Men Teachers' Gymnastic Club, and the Men Teachers' Cricket, Hockey and Football Clubs.

(i) *The Sheffield Schools' Athletic Association.*

The members of this association, the second oldest of its type in the country, have a proud record of 67 years' voluntary service for the children of the City's schools. Its constituent Sub-Committees have all organised coaching and competition in their own activities and their efforts have again been co-ordinated by the General Secretary, Mr. E. Cornthwaite. The Secretary of the Association Football Section, Mr. C. Cawsey, again reports a successful season, with the many League competitions completed and the Cottee Trophy won in competition with Nottingham.

The Rugby Football Union under the leadership of Mr. W. R. Thomas and Mr. A. Gregory has continued to develop, and now seems to be prepared for a period of expansion.

The Rounders section under Mrs. Goddard and the Netball Section under Miss Bennett have both had a busy and successful year during which they have catered for very large numbers in League competitions and Rallies.

The Cricket Section has had its most successful season for 21 years, thanks to the efforts of Mr. Gill, Mr. Raynor and Mr. Webster.

Mr. H. Whitham, the Secretary of the Athletics Section reports a very active season in which Sheffield children have been more successful in County and National events than ever before. This section has been the prime mover in initiating Yorkshire County and Inter-County Cross Country championships.

(ii) *The Sheffield Schools' Swimming Association.*

This section has had its normal year of great activity and considerable success. 9 District and 2 City Galas were organised, and the Yorkshire Schools' Championship Trophy was won for the 9th year in succession. The list of successes in the County Gala is too long to include in this report, but the following honours in the National Championships are worthy of mention.

Alan Turner (Woodthorpe Secondary), 1st 100 yards Back Crawl Stroke Championship.

William White (Prince Edward Secondary), 3rd 100 yards Free Style Championship.

Vivian Arliss—Burngreave Secondary and Jacqueline Cooper—Brook Secondary —1st in Girls' Medley Relay in a new record time.

Mr. Hall, Mr. Stables, Mr. Hughes and their colleagues are to be congratulated on their hard work in the cause of swimming for school children throughout the year.

(iii) *The Sheffield Teachers' Folk Dance Club.*

This Club has continued to encourage the teaching and practice of Folk and Traditional Dances in schools, clubs and institutes under the jurisdiction of the Education Committee.

The Fourteenth Annual Week-end Course was held at Hatfield House Lane attracting 75 teachers, and an excellent Festival took place at Glossop Road Ballroom. The Club is thriving, thanks to the efforts of Miss A. Bailey and Miss T. Ballard.

6. *Conclusion.*

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his personal staff ; of the helpful co-operation of Dr. Taylor and the staff of the School Health Service, of the kindly assistance of the official staff and personal colleagues, and of the friendly relationships existing with the teaching staff.

L. MORANT,

Organiser of Physical Education.